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ABSTRACT

This document presents timely statistical information on the nation's organized mental health service delivery system. Included are: (1) "Chronic Mental Disorder in the United States" (Howard H. Goldman and Ronald W. Manderscheid); (2) "Specialty Mental Health System Characteristics" (Michael J. Witkin, Joanne E. Atay, Adele S. Fell, and Ronald W. Manderscheid); (3) "Use of Inpatient Psychiatric Services by Special Populations" (Marilyn J. Rosenstein, Laura J. Milazzo-Sayre, Robin L. MacAskill, and Ronald W. Manderscheid); (4) "State Mental Health Services: Selected Characteristics of Delivery Systems" (Michael J. Witkin, Joanne E. Atay, Adele S. Fell, and Ronald W. Manderscheid); (5) "State and Federal Expenditures for Mental Health Services, United States, 1983" (Noel A. Mazade, Theodore Lutterman, Cecil R. Wurster, and Robert W. Glover); (6) "State Mental Health Agency Revenues and Expenditures for Mental Health Services: Trends from 1981 to 1985" (Theodore Lutterman, Noel A. Mazade, Cecil R. Wurster, and Robert W. Glover); and (7) "Medicaid and Ambulatory Mental Health Care: Utilization and Costs" (Agnes Rupp, Carl A. Taube, Dorothea Bodison, and Sally A. Barrett). Appendices provide information on sources and qualifications of data for chapters 1, 2, and 3; a glossary of terms; and a list of contacts for further information. Twenty-four figures and 96 tables are included. (NB)

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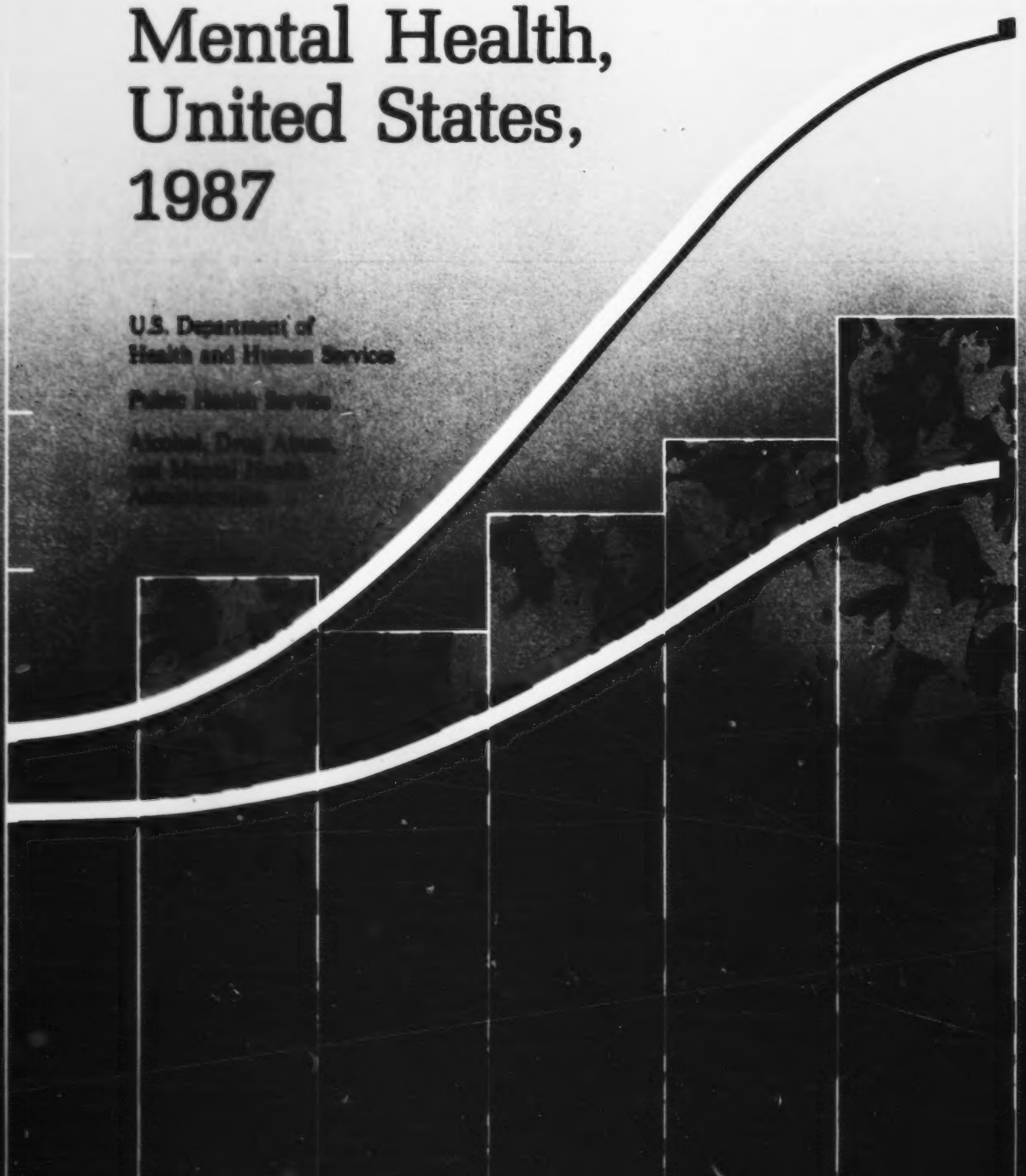

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Mental Health, United States, 1987

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Foreword

This third edition of *Mental Health, United States* represents a continuing effort on the part of the National Institute of Mental Health (NIMH) to present timely statistical information on the Nation's organized mental health service delivery system. Data derive principally from national surveys conducted by NIMH, in collaboration with the State mental health agencies and the American Hospital Association; ongoing data systems of the Health Care Financing Administration; and special surveys conducted by the National Association of State Mental Health Program Directors.

For the first time, this volume includes a chapter that highlights the characteristics of a very disabled population—those suffering from severe and persistent mental disorders. Other chapters include the latest data on trends in the availability, volume, staffing, and expenditures of organized specialty mental health services in the United States; the characteristics of special population groups who use these services; the features of organized specialty mental health services in each State; revenues and expenditures of each State mental health agency; and Medicaid expenditures.

With the rapid evolution of mental health policy at the national, State, and local levels, accessibility to current statistical information is essential. This volume is intended to serve as a reference for the latest statistics on the mental health service delivery system. We hope this edition will be useful to a broad range of professionals for research, clinical, and administrative applications.

Frank J. Sullivan, Ph.D.
Acting Director
National Institute of Mental Health

Contents

	Page
Foreword	iii
Chapter 1. Chronic Mental Disorder in the United States *Howard H. Goldman and Ronald W. Manderscheid*	1
Introduction	1
Who Are the Chronically Mentally Ill?	1
Delimiting the Target Population	2
The Chronically Mentally Ill	4
Locating the Population	4
Counting the Chronic Population	5
The Challenge for the Future	9
References	9
Chapter 2. Specialty Mental Health System Characteristics *Michael J. Witkin, Joanne E. Atay, Adele S. Fell, and Ronald W. Manderscheid*	14
Introduction	14
Description of Tables	14
Availability	15
Volume	15
Staffing	21
Finances	23
Summary and Conclusions	27
References	27
Chapter 3. Use of Inpatient Psychiatric Services by Special Populations *Marilyn J. Rosenstein, Laura J. Milazzo-Sayre, Robin L. MacAskill, and Ronald W. Manderscheid*	59
Introduction	59
Race and Ethnicity	59
Children and Youth	62
Elderly	64
Vietnam Era Veterans	67
Legal Status	70
Summary	73
References	74
Chapter 4. State Mental Health Services: Selected Characteristics of Delivery Systems *Michael J. Witkin, Joanne E. Atay, Adele S. Fell, and Ronald W. Manderscheid*	98
Chapter 5. State and Federal Expenditures for Mental Health Services, United States, 1983 *Noel A. Mazade, Theodore Lutterman, Cecil R. Wurster, and Robert W. Glover*	144
Introduction	144
Purpose and Methodology	144
SMHA-Controlled Expenditures and Revenues, 1983	145
Other State Government Agency Expenditures Not Controlled by SMHAs	145
Selected Federal Government Expenditures, 1983	148
Summary	148
References	149

Page

Chapter 6. State Mental Health Agency Revenues and Expenditures for Mental Health Services: Trends From 1981 to 1985
Theodore Lutterman, Noel A. Mazade, Cecil R. Wurster, and Robert W. Glover 158
Introduction 158
Revenue/Expenditure Study Background and Purpose 158
Revenue/Expenditure Study Methodology 159
Revenue Expenditure Study Findings 159
Implications of the Revenue/Expenditure Study 160
References 160

Chapter 7. Medicaid and Ambulatory Mental Health Care: Utilization and Costs
Agnes Rupp, Carl A. Taube, Dorothea Bodison, and Sally A. Barrett 187
Overview 187
Introduction 187
Mental Health Coverage in California, Michigan, New York, and Texas, 1980 188
Data Source: National Medical Care Utilization and Expenditure Survey 190
Findings 191
Summary 195
References 196

Appendix A. Sources and Qualifications of Data—Chapters 2 and 4 205

Appendix B. Sources and Qualifications of Data—Chapter 3 208

Appendix C. Glossary of Terms 216

Appendix D. Contacts for Further Information 220

List of Detailed Figures and Detailed Tables

Chapter 1

Figures

1.1. The dimensions of chronic mental illness: Diagnosis, disability, duration 2
1.2. The location of the chronically mentally ill: United States, 1977 3
1.3. Preliminary estimates of chronically mentally ill persons receiving SSI and SSDI payments as of December 31, 1978 6

Tables

1.1. Estimates of the number of chronically mentally ill persons in institutions and communities: United States, 1975–77 12
1.2. Estimates of the number of chronically mentally ill persons, by type of disability and use of mental health organizations, (duplicated count): United States, 1975–77 13

Chapter 2

Figures

2.1. Percent distribution of inpatient and residential treatment beds, by type of mental health organization: United States, 1970—84 16

Figures *Page*

2.2. Additions per 100,000 civilian population, by type of service: United States, 1969—83 18
2.3. Inpatient care episodes per 100,000 civilian population, by type of organization: United States, 1969—83 19
2.4. Percent distribution of additions to mental health organizations, by type of service: United States 1969—83 20
2.5. Percent distribution of full-time equivalent staff employed in mental health organizations, by type of discipline: United States, 1972, 1978, and 1984 22
2.6. Estimated annual expenditures for mental health organizations, in current and constant dollars: United States, 1969—83 24
2.7. Estimated annual expenditures in current dollars, by type of organization: United States, 1969—83 25
2.8. Estimated annual expenditures in constant dollars, by type of organization: United States, 1969—83 26

Tables

2.1. Number and percent distribution of mental health organizations, by type of organization: United States, selected years 1970–84 28
2.1a. Number and percent distribution of mental health organizations providing inpatient services, by type of organization: United States, selected years 1970–84 29
2.1b. Number and percent distribution of mental health organizations providing outpatient services, by type of organization: United States, selected years 1970–84 30
2.1c. Number and percent distribution of mental health organizations providing partial care services, by type of organization: United States, selected years 1970–84 31
2.2. Number of inpatient and residential treatment beds, percent distribution, and rate per 100,000 civilian population, by type of mental health organization: United States, selected years 1970–84 32
2.3. Number of inpatient and residential treatment additions, percent distribution, and rate per 100,000 civilian population, by type of mental health organization: United States, selected years 1969–83 33
2.4. Number of inpatient and residential episodes, percent distribution, and rate per 100,000 civilian population, by type of mental health organization: United States, selected years 1969–83 34
2.5. Number of inpatient and residential treatment days, percent distribution, and rate per 1,000 civilian population, by type of mental health organization: United States, selected years 1969–83 35
2.6. Average daily inpatient and residential treatment census and percent occupancy, by type of mental health organization: United States, selected years 1969–83 36
2.7. Number of inpatients and residential treatment residents at end of year, percent distribution, and rate per 100,000 civilian population, by type of mental health organization: United States, selected years 1969–83 37
2.8. Number of outpatient additions, percent distribution, and rate per 100,000 civilian population, by type of mental health organization: United States, selected years 1969–83 38
2.9. Number of partial care additions, percent distribution, and rate per 100,000 civilian population, by type of mental health organization: United States, selected years 1969–83 39

Tables		*Page*
2.10.	Number and percent distribution of full-time equivalent staff in mental health organizations, by discipline: United States, selected years 1976–84	40
2.10a.	Number and percent distribution of full-time equivalent staff in State and county mental hospitals, by discipline: United States, selected years 1972–84	41
2.10b.	Number and percent distribution of full-time equivalent staff in private psychiatric hospitals, by discipline: United States, selected years 1972–84	42
2.10c.	Number and percent distribution of full-time equivalent staff in non-Federal general hospitals with separate psychiatric services, by discipline: United States, selected years 1972–84	43
2.10d.	Number and percent distribution of full-time equivalent staff in Veterans Administration medical centers, by discipline: United States, selected years 1972–84	44
2.10e.	Number and percent distribution of full-time equivalent staff in residential treatment centers for emotionally disturbed children, by discipline: United States, selected years 1972–84	45
2.10f.	Number and percent distribution of full-time equivalent staff in freestanding outpatient psychiatric clinics, by discipline: United States, selected years 1972–84	46
2.10g.	Number and percent distribution of full-time equivalent staff in freestanding partial care and multiservice mental health organizations, by discipline: United States, selected years 1974–84	47
2.11.	Number and percent distribution of patient care staff in mental health organizations, by discipline and employment status: United States, August 1984	48
2.11a.	Number and percent distribution of staff in State and county mental hospitals, by discipline and employment status: United States, August 1984	49
2.11b.	Number and percent distribution of staff in private psychiatric hospitals, by discipline and employment status: United States, August 1984	50
2.11c.	Number and percent distribution of patient care staff in non-Federal general hospitals with separate psychiatric services, by discipline and employment status: United States, June 1984	51
2.11d.	Number and percent distribution of patient care staff in Veterans Administration medical centers, by discipline and employment status: United States, August 1984	52
2.11e.	Number and percent distribution of staff in residential treatment centers for emotionally disturbed children, by discipline and employment status: United States, August 1984	53
2.11f.	Number and percent distribution of staff in freestanding outpatient psychiatric clinics, by discipline and employment status: United States, August 1984	54
2.11g.	Number and percent distribution of staff in freestanding partial care and multiservice mental health organizations, by discipline and employment status: United States, August 1984	55
2.12a.	Total expenditures in current dollars, percent distribution, and expenditures per capita civilian population by type of mental health organization: United States, selected years 1969–83	56
2.12b.	Total expenditures in constant dollars (1969=100), percent distribution, and expenditures per capita civilian population by type of mental health organization: United States, selected years 1969–83	57

Tables *Page*

2.13. Revenues in thousands of dollars and percent distribution, by type of mental health organization, United States, 1983 58

Chapter 3

Figures

3.1. Percent distribution of admissions to selected inpatient psychiatric services, by race: United States, 1980 60
3.2. Percent distribution of admissions, by racial minority and type of inpatient pspychiatric service: United States, 1980 61
3.3. Percent distribution of admissions under age 18 to selected inpatient psychiatric services: United States, 1980 63
3.4. Median days of stay for admissions under age 18, by age group and type of inpatient psychiatric service: United States, 1980 64
3.5. Percent distribuion of admissions age 65 and over to selected inpatient psychiatric services: United States, 1980 65
3.6. Percent distribution of admissions age 65 and over, by selected primary diagnosis and type of inpatient psychiatric service: United States, 1980 66
3.7. Percent distribution of Vietnam era veterans admitted to selected inpatient psychiatric services: United States, 1980 68
3.8. Percent distribution of Vietnam era veterans, by selected primary diagnosis and type of inpatient psychiatric service: United States, 1980 69
3.9. Percent distribution of admissions to selected inpatient psychiatric services, by legal status: United States, 1980 70
3.10. Percent distribution of admissions, by legal status and type of inpatient pychiatric service: United States, 1980 . 71
3.11. Median days of stay for admissions to selected inpatient psychiatric services by selected primary diagnosis and type of legal status: United States, 1980 72

Tables

3.1. Number, percent distribution, and rate per 100,000 civilian population of admissions to selected inpatient psychiatric services, by race and Hispanic origin: United States, 1980 76
3.2. Rate per 100,000 civilian population of admissions to selected inpatient psychiatric services, by race, Hispanic origin, and sex: United States, 1980 77
3.3. Rate per 100,000 civilian population of admissions to selected inpatient psychiatric services, by race, Hispanic origin, and age: United States, 1980 78
3.4 Percent distribution of admissions to selected inpatient psychiatric services, by race, Hispanic origin, and primary diagnosis: United States, 1980 79
3.5. Median days of inpatient stay for admissions (excluding deaths) to selected inpatient psychiatric services, by race, Hispanic origin, and selected primary diagnoses: United States, 1980 80
3.6. Number, percent distribution, and rate per 100,000 civilian population of admissions under age 18 to selected inpatient psychiatric services, by age, sex, and race: United States, 1980 81

Tables		*Page*
3.7.	Percent distribution of admissions under age 18 to selected inpatient psychiatric services, by age and sex: United States, 1980	82
3.8.	Percent distribution of admissions under age 18 to selected inpatient psychiatric services, by age and race: United States, 1980	82
3.9	Percent distribution of admissions under age 18 to selected inpatient psychiatric services, by age and primary diagnosis: United States, 1980	83
3.10.	Median days of inpatient stay for admissions under age 18 to selected inpatient psychiatric services, by age, sex, and race: United States, 1980	84
3.11.	Number, percent distribution, and rate per 100,000 civilian population of admissions age 65 and over to selected inpatient psychiatric services, by age, sex, and race: United States, 1980	85
3.12.	Percent distribution of admissions age 65 and over to selected inpatient psychiatric services, by age and sex: United States, 1980	86
3.13.	Percent distribution of admissions age 65 and over to selected inpatient psychiatric services, by age and race: United States, 1980	86
3.14	Percent distribution of admissions age 65 and over to selected inpatient psychiatric services, by sex and primary diagnosis: United States, 1980	87
3.15.	Median days of inpatient stay for admissions age 65 and over (excluding deaths) to selected inpatient psychiatric services, by age, sex, and race: United States, 1980	88
3.16.	Percent distribution of veterans admitted to selected inpatient psychiatric services, by period of military service: United States, 1980	89
3.17.	Number, percent distribution, and rate per 100,000 Vietnam era veterans in the civilian population for Vietnam era veterans admitted to selected inpatient psychiatric services, by age, sex, and race: United States, 1980	90
3.18.	Percent distribution of Vietnam era veterans admitted to selected inpatient psychiatric services, by race and primary diagnosis: United States, 1980	91
3.19.	Median days of inpatient stay for Vietnam era veterans (excluding deaths) admitted to selected inpatient psychiatric services, by race and selected primary diagnoses: United States, 1980	92
3.20.	Number, percent distribution, and rate per 100,000 civilian population of admissions to selected inpatient psychiatric services, by legal status, sex, and race: United States, 1980	93
3.21.	Percent distribution of admissions to selected inpatient psychiatric services, by legal status: United States, 1980	95
3.22.	Percent distribution of admissions to selected inpatient psychiatric services, by legal status and age: United States, 1980	95
3.23.	Percent distribution of admissions to selected inpatient psychiatric services, by legal status and primary diagnosis: United States, 1980	96
3.24.	Median days of inpatient stay for admissions (excluding deaths) to selected inpatient psychiatric services, by legal status and selected primary diagnoses: United States, 1980	97

Tables *Page*

Chapter 4

4.1. Number of mental health organizations, by type of organization and State: United States, January 1984 100
4.1a. Number of mental health organizations providing inpatient services, by type of organization and State: United States, January 1984 102
4.1b. Number of mental health organizations providing outpatient services, by type of organization and State: United States, January 1984 104
4.1c. Number of mental health organizations providing partial care services, by type of organization and State: United States, January 1984 106
4.2. Number and percent distribution of total expenditures in thousands of dollars, by type of mental health organization and State: United States, 1983 108
4.3. Number of inpatient and residential treatment beds and rate per 100,000 civilian population, by type of mental health organization and State: United States, January 1984 112
4.4. Number of inpatient and residential treatment additions and rate per 100,000 civilian population, by type of mental health organization and State: United States, 1983 116
4.5. Number of inpatient and residential treatment episodes and rate per 100,000 civilian population, by type of mental health organization and State: United States, January 1983 120
4.6. Number of inpatient and residential treatment days in thousands and rate per 1,000 civilian populationy by type of mental health organization and State: United States, 1983 124
4.7. Average daily inpatient and residential treatment census and percent occupancy, by type of mental health organization and State: United States, 1983 128
4.8. Number of inpatient and residential treatment residents at end of year and rate per 100,000 civilian population, by type of mental health organization and State: United States, 1983 132
4.9. Number of outpatient additions and rate per 100,000 civilian population, by type of mental health organization and State: United States, 1983 136
4.10. Number of partial care additions and rate per 100,000 civilian population, by type of mental health organization and State: United States, 1983 140

Chapter 5

Figure

5.1. Per capita expenditures by State mental health agencies for mental health services: United States, FY 1983 146

Tables

5.1. State mental health agency (SMHA) expenditures for mental health services, by major program and State: United States, FY 1983 150
5.2. State mental health agency (SMHA) revenues for mental health services, by revenue source and State: United States, FY 1983 152

Tables *Page*

5.3. Selected State agency expenditures on behalf of mentally ill persons, by State agency and program: United States, FY 1983 154
5.4. Selected Federal Government agency expenditures on behalf of mentally ill persons, by agency and State: United States, FY 1983 156
5.5. Estimated total of selected State and Federal agency mental health expenditures, by State: United States, FY 1983 157

Chapter 6

Figure

6.1. Per capita expenditures by State mental health agencies for mental health services: United States, FY 1981 and 1985 161

Tables

6.1. State mental health agency (SMHA) expenditures for mental health services, by major program and State: United States, FY 1985 162
6.2. State mental health agency (SMHA) per capita expenditures for mental health services, by major program and State: United States, FY 1985 164
6.3. State mental health agency (SMHA) expenditures for mental health services, by type of service setting and State: United States, FY 1985 166
6.4. State mental health agency (SMHA) per capita mental health expenditures, by type of service setting and State: United States, FY 1985 168
6.5. State mental health agency (SMHA) revenues for mental health services, by revenue source and State: United States, FY 1985 170
6.6. State mental health agency (SMHA) revenues for mental health services from Federal programs, by source and State: United States, FY 1985 172
6.7. State mental health agency (SMHA) revenues for mental health services as a percentage of total State government revenues, by State: United States, FY 1985 .. 174
6.8. State mental health agency (SMHA) expenditures (in thousands) for mental health services, by State: United States, fiscal years 1981, 1983, and 1985 175
6.9. State mental health agency (SMHA) per capita expenditures (in thousands) for mental health services, by State: United States, fiscal years 1981, 1983, and 1985 177
6.10. State mental health agency (SMHA) expenditures (in thousands) for State mental hospitals, by State: United States, fiscal years 1981, 1983, and 1985 179
6.11. State mental health agency (SMHA) expenditures (in thousands) for community-based programs, by State: United States, fiscal years 1981, 1983, and 1985 181
6.12. State mental health agency (SMHA) revenues (in thousands) for mental health services, by State: United States, fiscal years 1981, 1983, and 1985 183
6.13. State mental health agency (SMHA) revenues (in thousands) for mental health services from Federal programs, by State: United States, fiscal years 1981,1983, and 1985 185

Tables *Page*

Chapter 7

7.1. Number (in thousands) and percent of Medicaid recipients, by selected characteristics: California, Michigan, New York, and Texas, 1979 198

7.2. Mean number of visits per 1,000 Medicaid enrollees and mental health service users, by selected characteristics: California, Michigan, New York, and Texas, 1980 199

7.3. Mean cost per visit for Medicaid mental health users, by selected characteristics: California, Michigan, New York, and Texas, 1980 200

7.4. Mean annual cost per Medicaid enrollee and mental health service user, by selected characteristics: California, Michigan, New York, and Texas, 1980 201

7.5. Comparisons of mental health services use by the four-States' Medicaid and total U.S. non-Medicaid populations, 1980 202

7.6. Comparisons of cost and use of mental health services by the four-States' Medicaid and total U.S. non-Medicaid populations, by level of use, 1980 202

7.7. Comparisons of payment sources for use of mental health services by the four-States' Medicaid and total U.S. non-Medicaid populations, by level of use, 1980 203

7.8. Comparisons of costs and use of mental health services by the four-States' Medicaid and total U.S. non-Medicaid populations, by type of setting, 1980 204

Chapter 1

Chronic Mental Disorder in the United States

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Introduction

Five years ago, the problem of the chronic mental patient was an emerging issue in mental health policy. The American Psychiatric Association's publication, *The Chronic Mental Patient*, was one of several important documents that addressed concern for the mentally disabled. It provided a comprehensive overview of data, service concepts, models, plans, and programs relating to the chronically mentally ill, including an excellent chapter on the scope of the problem by Minkoff (1978). Others who addressed this concern included the Government Accounting Office (1977), the President's Commission on Mental Health (PCMH 1978), and the Group for the Advancement of Psychiatry (1978).

Since publication of *The Chronic Mental Patient*, additional reports on chronic mental disorder have been completed—notably, one to the Secretary of Health and Human Services—*Toward a National Plan for the Chronically Mentally Ill* (DHHS 1981). Based on recommendations and data presented by the PCMH, the report presented a definition of the target population and provided an unduplicated count of the chronically mentally ill (Goldman et al. 1981). This chapter reviews studies in the epidemiology of chronic mental disorder published after 1978, which are national in scope or which inform the process of delimiting, defining, locating, counting, and characterizing the chronically mentally ill. The conceptual and organizational framework developed for the Secretary's report is followed, borrowing text and supplementing it with new findings and new approaches to defining and counting the chronically mentally ill. The data that guided the estimates prepared for the National Plan for the Chronically Mentally Ill (NP/CMI) are already old. Community estimates were based on 1973 data and institutional estimates were based on 1977 data. They are, however, the only data available for providing an ***unduplicated*** count of the population at about the same point in time.

New data are becoming available and new issues are emerging, such as chronically mentally ill children and youth, homelessness, the "new chronic patient," and incarceration of chronically mentally ill persons. In addition to reviewing studies on the CMI published after 1978, this chapter also provides an update on the count of persons with chronic mental disorder. It points a direction for future research and for a new project to redefine and recount the chronically mentally ill.

Who Are the Chronically Mentally Ill?

Sylvia Frumkin is chronically mentally ill (Sheehan 1981); so are Jim Logue and the Duck Lady from Don Drake's "The Forsaken" (1982). Al, Luther, Agnes, Morning Star, and Angelita are five patients who introduce the NP/CMI (DHHS 1981). The Box Lady and her tragic death was the subject of a report in the *New York Times* (Herman 1982). They are all chronically mentally ill, as are more than 2 million others we designate by this broad term. The term, chronically mentally ill, presents several problems:

- It has been difficult to define operationally.
- It stigmatizes individuals with connotations of hopelessness and inevitable deterioration.
- It obscures the heterogeneity of the population, grouping together a diversity of individuals under a single pessimistic rubric, which some fear may become a self-fulfilling prophecy (Denver Research Institute 1981; DHHS 1981; Olsen 1981; Talbott 1978).

The structure and some of the content of this chapter were adapted from an article by Goldman et al., "Defining and counting the chronically mentally ill," in *Hospital and Community Psychiatry* 32(1):21–27, 1981. Copyright 1981, the American Psychiatric Association.

In spite of these limitations, the term continues to be used because of its widespread acceptance.

Prior to the era of deinstitutionalization, the chronically mentally ill were easier to identify and count; they were the long-term residents of psychiatric hospitals. Today, these institutions are no longer home to the majority of persons disabled by chronic mental illness. One consequence of the shifts in the pattern and locus of mental health care arising from deinstitutionalization is a lack of definitive information on the scope of the problem of chronic mental illness. Sources of data, like the affected individuals and their services, have been dispersed and decentralized. The difficulty is compounded by the absence of consensus on a definition that would delimit the target population.

Broadly described, a chronic condition is characterized by a long duration of illness, which may include periods of seeming wellness interrupted by flare-ups of acute symptoms and secondary disabilities. This simple characterization is applicable to chronic mental illness, but the task of identifying persons who are chronically mentally ill is not at all straightforward. Although it is true that most such persons "are, have been, or might have been, but for the deinstitutionalization movement, on the rolls of long-term mental institutions, especially State hospitals" (Bachrach 1976), any attempt to specify the attributes of State hospital patients must take into account the dynamic nature of clinical judgments about these patients.

Perceptions about the appropriateness of patient placement in State hospitals and other psychiatric facilities have been changing rapidly in recent years (Faden and Goldman 1979), and there is every reason to think they will continue to change in the future. As knowledge about the heterogeneity of patients' needs increases, the formulation of appropriateness should evolve (Ashbaugh et al. 1983). As the number and variety of community-based services expands, however, clinical judgments about appropriateness change. This variability in the assessment of needs is to be expected and encouraged in a dynamic service system.

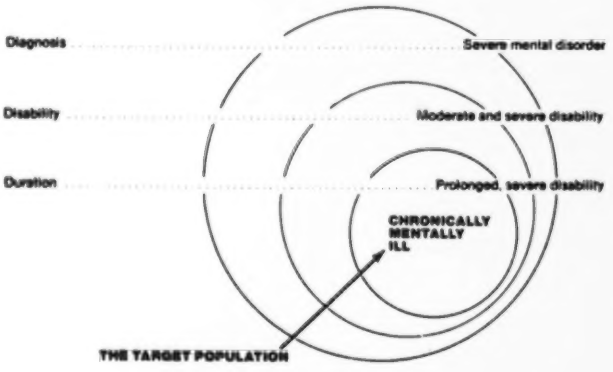
Delimiting the Target Population

Assessing the prevalence of chronic mental illness is complicated by the dynamic, episodic course of severe mental disorders. Von Korff and Parker (1980), who propose several models for determining the prevalence of chronic episodic disease, conclude: "The prevalence of episodic disease is not solely a function of incidence and duration....(It) is a function of incidence, average episode duration, and average number of episodes" (p. 84). Some individuals recover; some have histories marked by exacerbations and remissions; others have a persistent, deteriorating course.

Chronic mental illness encompasses more than episodic disorder; it implies impairment and disability that are based upon community reaction.

Figure 1.1

The dimensions of chronic mental illness: Diagnosis, disability, duration



Source: Adapted from Goldman et al. Defining and counting the chronically mentally ill. *Hospital & Community Psychiatry* 32(1):22, 1981. Copyright 1981, the American Psychiatric Association. Reprinted by permission.

Minkoff's (1978) attempt to define and count the chronically mentally ill distinguished persons who are severely ***mentally ill*** (defined by diagnosis), those who are ***mentally disabled*** (defined by level of disability), and those who are ***chronic mental patients*** (defined by duration of hospitalization).

These three dimensions—diagnosis, disability, duration—are sufficiently operational to serve as criteria for delimiting the target population (figure 1.1). A general description of this population follows:

> The chronically mentally ill population includes persons who suffer from emotional disorders that interfere with their functional capacities in relation to such primary aspects of daily life as self-care, interpersonal relationships, and work or schooling, and that may often necessitate prolonged mental health care.

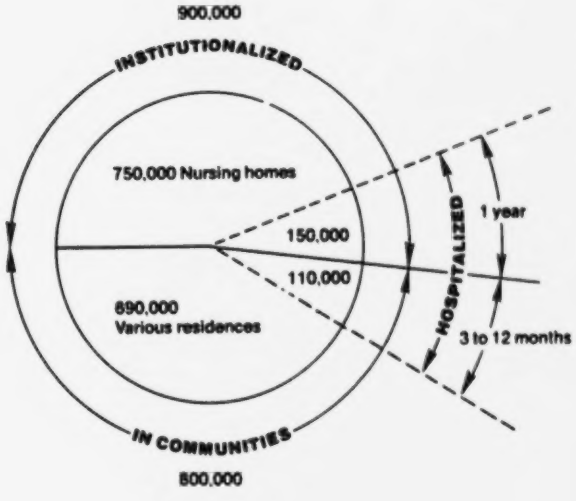
Diagnosis

There is general agreement that the psychotic and other major disorders predominate among this population, that is, organic mental disorders, schizophrenic disorders, major affective disorders, paranoid disorders, and other psychotic disorders (APA 1980). Other disorders, however, may lead to chronic mental disability. Recent changes in the "listings" of mental impairments for disability programs of the Social Security Administration also include the anxiety disorders, somatoform disorders, and personality disorders.

Furthermore, alcohol- and drug-abuse disorders and mental retardation may complicate the course of severe mental disorders (occasionally becoming

Figure 1.2

The location of the chronically mentally ill United States, 1977



Source: Adapted from Goldman et al. Defining and counting the chronically mentally ill. *Hospital & Community Psychiatry* 32(1):23, 1981. Copyright 1981, the American Psychiatric Association. Reprinted by permission.

designated as the primary diagnosis) or may become chronically disabling conditions themselves. Among children, schizophrenia, childhood autism, and some behavior disorders may lead to chronic disability; the same may be said of nonpsychotic organic mental disorders or "senility without psychosis" among the elderly, as designated in the ***International Classification of Diseases, Eighth Revision*** (WHO 1967). (This was the classification of diseases used in the 1977 National Nursing Home Survey that reported data on "senility without psychosis.")

Disability

Most definitions of disability center on the concept of functional incapacity, for example, "partial or total impairment of instrumental (usually vocational or homemaking) role performance" (Minkoff 1978). One statutory definition refers to a condition that "results in substantial functional limitations in three or more of the following areas of major life activity: (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-sufficiency" (Public Law 95-602, 1978). However, objective measures of these functional limitations are not now in widespread use, although progress is being made in measurement methodologies (Grusky et al. 1985; McCarrick et al. 1984).

Chronicity of disability may be operationally defined by Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) eligibility based on receipt of SSDI or SSI payments. Eligibility implies that the beneficiary has been unable to engage in any substantial gainful activity because of a disorder that has lasted or can be expected to last for a continuous period of not less than 12 months. General agreement exists that approval of SSI eligibility is a measure of chronic disability for noninstitutionalized persons. Similar vocational criteria are common to other definitions of disability, such as those used in the Survey of Disabled Adults (Social Security Administration) and the Survey of Income and Education (U.S. Bureau of the Census). Chronicity also may be inferred from the need for extended hospitalization or other forms of supervised residence or sheltered work.

Duration

To infer disability from the need for extended hospitalization or supervised residential care requires specifying some duration of residence. Most would agree that 1 year of continuous institutionalization in a State mental hospital or residence in a nursing home would qualify as a measure of chronic mental disability. However, at least half the population of chronically mentally ill are not continuously institutionalized (figure 1.2). Although these latter individuals reside in the community, many of them were hospitalized in the past or are hospitalized during the course of the year. Some formula is necessary for determining what duration of hospitalization to use as a criterion for chronicity for the chronically mentally ill living in the community.

Treated prevalence estimates may be obtained by reference to the National Reporting Program of the National Institute of Mental Health (NIMH), Division of Biometry and Applied Sciences, which uses a 3-month followup period for providing data on extended hospitalization. Eighty percent of all patients admitted to private psychiatric hospitals and general hospital psychiatric units are discharged within 90 days (Goldman et al. 1983*a,b*). Likelihood of release diminishes after this point; hence, we may consider that these unreleased patients represent an intermediate-stay (3 to 12 months) population of the chronically mentally ill.

It should be noted that some persons with characteristics fitting the diagnosis and disability criteria have received short-term (less than 90 days) inpatient care, solely outpatient care from a medical or mental health professional, or no care at all save what their families or other natural support groups have provided. Although we are unable definitely to locate or enumerate such individuals, we include them in the target population. Prolonged functional disability caused or aggravated by severe mental disorder, not former hospitalization, is the chief distinguishing characteristic of chronic mental illness.

The Chronically Mentally Ill

There have been several recent attempts to operationally define the chronically mentally ill. The definitions reviewed here were developed to estimate the size of the population. They are not conceptual definitions; they are practical definitions designed (1) to identify mentally disabled individuals who are eligible for services and (2) to estimate the scope of the problem of chronic mental illness.

The Community Support Program (CSP) of NIMH developed the following parameters for eligibility for its target population of noninstitutionalized chronically mentally ill. Severe mental disability must satisfy at least one of the following:

- A single episode of hospitalization in the last 5 years of at least 6 months' duration or
- Two or more hospitalizations within a 12-month period (NIMH 1977)

This definition includes individuals with nonchronic conditions who may have required two brief hospitalizations in 1 year and excludes multiple-admission chronic patients who have been kept out of the hospital for 12 months. However, it is difficult to obtain national estimates by using the CSP formula.

The CSP continues to change its definition of program eligibility to ameliorate problems associated with earlier definitions. Recently, CSP attempted to focus on assessing functional disabilities and to minimize reliance on a history of prior institutionalization. This opens eligibility to the mentally disabled who may not have been hospitalized because of current deinstitutionalization efforts. Unfortunately, preliminary field tests of the reliability of these new eligibility criteria were disappointing (Naierman 1982). Moreover, in a 1981 study sponsored by CSP, Macro Systems, Inc., found that definitions of the chronically mentally ill vary from State to State.

CSP also sponsored a needs assessment project conducted by the Human Services Research Institute. This project developed a series of models for estimating the needs and size of the chronically mentally ill population in the community (Ashbaugh et al. 1980). The method relies on data that are easily obtained. Specifically, it relies on the following:

- National and State counts of persons receiving SSI and SSDI because of mental illness
- Sample counts by zip code area of persons awarded SSI and SSDI benefits in recent years because of mental illness
- Full or sample counts of CMI persons in publicly funded community mental health programs, by SSI and SSDI status

National data from this project are discussed later.

Szymanski and colleagues (1982) described three methods for estimating the local prevalence of the chronically mentally ill who might need community support programs. The first method identifies patients who require outpatient care and who were hospitalized in the past. The second method identifies patients who require rehospitalization during a specified period of time following a prior hospitalization. The third method identifies outpatients who have a diagnosis of schizophrenia. These approaches to estimating the size of the population are all derived from treatment prevalence data, which tend to underestimate true prevalence. However, such data are readily available at low cost for regional planning. Other methods for local needs assessment have been described by Warheit et al. (1977) and more recently, by Ashbaugh (1982).

The NP/CMI adopted the following definition of its target population based on the dimensions of diagnosis, disability, and duration:

> The chronically mentally ill population encompasses persons who suffer certain mental or emotional disorders (organic brain syndrome, schizophrenia, recurrent depressive and manic-depressive disorders, paranoid and other psychoses, plus other disorders that may become chronic) that erode or prevent the development of their functional capacities in relation to (three or more of) such primary aspects of daily life as personal hygiene and self-care, self-direction, interpersonal relationships, social transactions, learning, and recreation, and that erode or prevent the development of their economic self-sufficiency. Most such individuals have required institutional care of extended duration, including intermediate-term hospitalization (90 days to one year in a single year), long-term hospitalization (one year or longer in the preceding five years), or nursing home placement on account of a diagnosed mental condition or diagnosis of senility without psychosis. Some individuals have required repeated short-term hospitalization (less than 90 days), have received treatment from a medical or mental health professional solely on an outpatient basis, or—despite their needs—have received no treatment in the professional-care service system. Thus, included in this target population are persons who are or were formerly "residents" of institutions (public and private psychiatric hospitals and nursing homes), and persons who are at high risk of institutionalization because of persistent mental disability (p. 2-11).

Locating the Population

Bearing in mind the caveat concerning the dynamic nature of any definition of this population,

this chapter outlines a series of separate segments of the chronically mentally ill population. The number of chronically mentally ill persons in each of these segments may be determined by several methods. Over time, these numbers are subject to change because of the movement of people from one location to another.

Institutional Residents

For this report, the institutionalized chronically mentally ill are those individuals in mental hospitals for more than 1 year with any psychiatric diagnosis and those individuals in nursing homes (as defined by the National Center for Health Statistics) with a diagnosed mental condition or a diagnosis of senility without psychosis. The latter are included because simple senility, either alone or in combination with other chronic medical conditions, was a reason for admission to a State mental hospital prior to policies encouraging deinstitutionalization and the transfer or diversion of the elderly into nursing homes.

Community Residents

Within communities, the chronically mentally ill are those individuals in a variety of residential settings (e.g., with families, in boarding homes, in community residential facilities, in single occupancy hotel rooms, in the streets, or in correctional facilities) who are considered to be disabled by any one of several criteria (e.g., SSI/SSDI eligibility, episodic or prolonged hospitalization, inability to work). This community-dwelling segment may be subdivided into several groups on the basis of their location, their use of mental health facilities, and the level and type of their disability.

Counting the Chronic Population

Having defined the disability and location of the target population, their number can be determined. As table 1.1 indicates, estimates of the number of the chronically mentally ill range from 1.7 million to 2.4 million, including 900,000 who are institutionalized. Table 1.2 presents estimates of the types of disabilities suffered by persons with chronic illness and their use of mental health facilities. These estimates of the total number of chronically mentally ill are derived from a number of sources, including true prevalence estimates of chronic mental disorders, community estimates of chronic mental disability, and treated prevalence data on chronic mental patients.

Chronic Mental Disorders: True Prevalence Estimates

The field of psychiatric epidemiology has expanded dramatically since publication of the four volumes by the President's Commission on Mental Health (1978), *The Chronic Mental Patient* (Talbott 1978), and the other seminal work on the chronically mentally ill written in the late 1970s. Robins (1978) and Weissman and Klerman (1978) heralded the advances in the field and their promise of reliable and valid community estimates of the incidence and prevalence of specific mental disorders. The NIMH Epidemiologic Catchment Area (ECA) Program sponsored a five-site field study of the epidemiology of mental disorder in the United States. Data from this multisite study have been widely disseminated and provide estimates of the prevalence of severe and chronic mental disorder (Myers et al. 1984; Regier et al. 1984; and Robins et al. 1981).

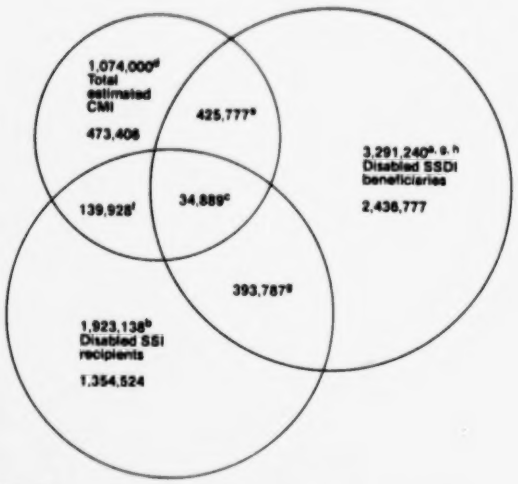
Prior to the availability of the ECA data, the NP/CMI relied on estimates from the PCMH, based largely on a review paper by the Dohrenwends and colleagues (1978). The NP/CMI also used data reported in Minkoff's (1978) secondary analysis. This discussion reviews the prevalence estimates developed for the NP/CMI and mentions some newer sources, which would modify these estimates.

According to the PCMH report, approximately 2 million people in the United States could be given a diagnosis of schizophrenia. Approximately 600,000 of them are in active treatment during a given year, accounting for more than 500,000 admissions in the specialty mental health sector. Any individual given a diagnosis of schizophrenia is at risk of becoming chronically mentally ill. However, because of the existence of other acute syndromes that mimic the overt symptoms of schizophrenia, but do not invariably become progressive or chronic (e.g., schizophreniform psychosis, brief reactive psychosis), not all of the 2 million individuals are to be counted among the chronically mentally ill. Estimates of the number of chronically mentally ill individuals with a diagnosis of schizophrenia would range from 500,000 to 900,000. There is considerable controversy in the literature concerning the prevalence of schizophrenia. Researchers from Taylor and Abrams (1978) to Pope and Lipinski (1978) have been questioning reported rates of schizophrenia, asserting they are overestimates that confuse schizophrenia with psychotic manifestations of affective disorder. Carpenter et al. (1978) and Strauss (1984) have emphasized the difficulty in predicting chronicity from symptomatology in the schizophrenic disorders unless diagnostic criteria are based on duration of symptomatology. They assert that chronic deterioration is overestimated. Further, they find that only prior disability and chronicity accurately predict future disability and chronicity.

Serious depression has a prevalence rate ranging from 0.3 percent to 1.2 percent (PCMH 1978). Assuming that the lower end of the range represents the population at highest risk of chronicity, perhaps 600,000 to 800,000 chronically and severely depressed individuals are in the United States. Since publication of the PCMH, several

Figure 1.3

Preliminary estimates of chronically mentally ill persons receiving SSI and SSDI payments as of December 31, 1978



Sources

a. Annual Statistical Supplement, 1977-79, *Social Security Bulletin*, 1978 (table 120)

b. *Program and Demographic Characteristics of Supplemental Security Beneficiaries, 1978*, SSA Pub. No. 13-11977, April 1980 (table 4)

c. Based on two samples of successful, noninstitutionalized, adult (18-64) applicants (SSDI – 8,068, SSI – 4,184) in 1975-77.

d. Estimated from Survey of Disability and Work, 1978. (See text for complete description of sources.)

e. Estimate derived from items c and d.

f/g. *Program and Demographic Characteristics of Supplemental Security Beneficiaries, 1978*, SSA Pub. No. 13-11977, April 1980, (table 1)

h. Includes 2,879,774 disabled workers, 282,782 disabled adult children and spouses, and 128,684 disabled widows.

reviews of the epidemiology of affective disorders have been published (Boyd and Weissman 1981; Clayton 1981; Hirschfeld and Cross 1982). However, none of these reports deals directly with the issue of severity or chronicity. Prien (1984) reviewed the data on the prevalence of chronic affective disorder, concluding that about 20 percent of individuals with affective disorders have a chronic course. However, not all such patients suffer persistent disabilities.

Psychosis in the elderly (primarily organic mental disorders, predominantly chronic) is estimated to account for between 600,000 to 1,250,000 individuals (PCMH 1978). These estimates are sustained by recent reviews of the epidemiology of senile dementia (Brody 1982; Mortimer and Schuman 1981). All authors stress the expected increases in this population as the large cohort born during the post-war baby boom survive into the senium. This aspect of chronic mental illness may be the single most critical problem for the future (Kramer 1981).

Other more prevalent disorders, such as personality disorders (7 percent prevalence), alcoholism and alcohol abuse (5 to 10 percent), and drug abuse and misuse (1 to 10 percent, depending on the type of drug), may become chronic or may be complicated by chronic mental disorder. However, only a small minority of these individuals are part of the target population (DHHS 1981).

Chronic Mental Disability: Community Estimates

Currently, four major sources of national data exist on the numbers of persons with chronic mental disability in the community:

- The U.S. Bureau of the Census 1976 Survey of Income and Education (DHEW 1979)
- A 1973 Comprehensive Service Needs Study conducted by the Urban Institute (DHEW 1975)
- The National Center for Health Statistics 1966 Survey of Disabled Adults (DHEW 1972)
- The Social Security Administration 1978 Survey of Disability and Work (Ashbaugh et al. 1983)

These studies indicate that between 350,000 and 800,000 individuals severely disabled by emotional disorder, as well as an additional 700,000 people with moderate disability, reside in the community.

According to data collected by the U.S. Bureau of the Census, based on 1976 estimates of disability in the community, approximately 700,000 persons 3 years of age or older (2.5 percent of a total of 28 million disabled people) have an "activity limitation" due to severe mental disturbance. A total of 350,000 individuals between the ages of 18 and 64 have some work disability (including total disability) secondary to severe emotional disturbance (DHEW 1979).

Extrapolations from the Urban Institute study indicate that approximately 800,000 individuals in the community have a severe mental disability, and 700,000 more are moderately or partially disabled (DHEW 1975). These data are corroborated by the most recent Social Security Administration survey which estimated that approximately 1.07 million adults between the ages of 20 and 64 living in households were disabled by emotional disorder (Ashbaugh et al. 1983). Figure 1.3 shows the distribution of the SSI/SSDI recipient population for 1978 and the magnitude of the chronically mentally ill within this population. Further estimates from the Social Security Administration suggest that 550,000 of the severely disabled are receiving Supplemental Security Income or Social Security Disability Insurance benefits (Anderson 1982).

Chronic Mental Patients: Treated Prevalence Data

Estimates of the number of chronic mental patients may also be derived from two sources of treated prevalence data. The first source is national data form the National Reporting program of the NIMH Division of Biometry and Applied Sciences, the Veterans Administration, and the Long-Term Care Statistics Branch of the National Center for Health Statistics. The second source is the Monroe County (NY) case register. Both data sources suggest that the number of chronic mental patients is approximately 1.7 million.

The Monroe County figure was derived (by C. A. Taube, NIMH Division of Biometry and Applied Sciences) through extrapolation from the 10-year followup experience of a cohort of State mental hospital patients from Rochester State Hospital in 1962. Although generalization from these data is problematic, this estimate provides a useful verification of the estimates derived from the national data.

The national data from 1977 provide the following estimates: the institutional population totals about 900,000 and includes two major subdivisions of chronic mental patients based on place of residence, that is, specialty mental health sector facilities and nursing homes. Approximately 150,000 chronic mental patients are inpatients in the specialty mental health sector. Based on a 1973 study of resident patients in an unrepresentative sample of State mental hospitals in 13 States (and confirmed by a 1979 survey of a representative sample), an estimated 60 percent of the resident census had been in continuous residence for 1 year or more. Applying this estimate to the current (1977) resident census of 160,000 patients in State and county mental hospitals, the conclusion is that approximately 100,000 chronic mental patients are institutionalized in these facilities. An additional 50,000 (crude estimate) are long-term (greater than 1 year) residents of other specialty facilities. Approximately 20,000 are in other facilities, including private psychiatric hospitals and community mental health center (CMHC) inpatient units.

An estimated 750,000 chronic mental patients were in nursing homes, out of a total resident population of 1.3 million in 1977. This figure, which may be a slight overestimate, encompasses two groups of individuals:

- Those with a primary mental disorder including mental retardation and senility (approximately 300,000)

- Those with a physical disorder and a mental disorder, especially senility without psychosis (approximately 450,000)

The second group represents a population of elderly individuals who probably would have been admitted to the State mental hospitals in the predeinstitutionalization era. For this reason, both subpopulations of nursing home residents are considered chronic mental patients (Goldman et al. 1986).

Data on prior care in a State mental hospital indicate that in 1977 perhaps only 100,000 nursing home residents were transferred directly from State mental hospitals. Although this number strikes many as low, several explanations are possible—underreporting, successful diversion programs barring the elderly from public long-term-care hospitals in recent years, and transfers from other nursing homes rather than directly from State and county mental hospitals. Data suggest that nursing homes may indeed be the new "back wards in the community" (Schmidt et al. 1977).

The *community population* of chronic mental patients with severe disability numbers approximately 800,000. An additional 700,000 individuals have a partial disability due to a mental condition. The patterns of service use by this population are more difficult to estimate because the population is more dynamic, possibly using several facilities during the course of a year. They are also more mobile, living in a wide variety of residential treatment settings—for example, with their families or in congregate care, in single-room-occupancy residences, in board and care homes, in the streets, or in correctional facilities. Using treated prevalence data alone will represent an undercount of the community population, some of whom receive no treatment or receive care exclusively in other sectors, such as the general health care, social welfare, or criminal justice systems.

The severely disabled community population may be divided into two subgroups on the basis of use of specialty mental health services. The first is the intermediate-length-of-stay hospitalized population composed of approximately 110,000 individuals who remained in the hospital between 3 and 12 months following admission to State and county mental hospitals (about 80,000), private psychiatric hospitals (about 10,000), residential treatment centers (about 15,000), and general hospital psychiatric units (about 5,000).

The second severely disabled community group is the ambulatory population of approximately 700,000 chronic mental patients. The estimates of the service use of this ambulatory population are less reliable than the other estimates. Of these chronic patients, at least 200,000 are readmissions to State and county mental hospitals for brief (less than 90 days) hospitalization, another estimated 100,000 are chronic patients in community mental health centers, and the balance are chronic patients being cared for in other specialty facilities in the community. The 700,000 figure represents a very conservative estimate, since it is based on treated prevalence data and therefore does not account for the chronic ambulatory population in other sectors, such as primary care and social welfare, or the number of untreated individuals, including the homeless chronically mentally ill.

Criticism of the role of community mental

health centers in the care of chronic patients (GAO 1977; Gruenberg and Archer 1979; Winslow 1982) has led to several studies of the prevalence of patients with severe and chronic disorder in such facilities (Goldman et al. 1980; Naierman 1982). Abt Associates, under contract to NIMH, has examined this issue in detail. Unpublished preliminary data indicate that community mental health centers continue to see a significant number of chronic patients even if this is not their primary target population. As Langsley (1980) reminds us, we need more than biometric data to answer the critical question: "Do community mental health centers treat patients?"

Data on the quality and appropriateness of services are limited. However, data on service use are plentiful. In 1975, approximately 650,000 patients were readmitted to State and county mental hospitals, private psychiatric hospitals, and psychiatric units in general hospitals. All the readmitted patients were not chronic mental patients; however, they may be counted among the 800,000 to 1,500,000 individuals moderately and severely disabled by mental disorder who spent most of the year in the community.

These chronic mental patients live in a variety of community residences. A service delivery assessment in HHS Region III estimated that from 300,000 to 400,000 chronic mental patients live in community residential facilities, such as board and care homes (Mellody 1979). These domiciliary care residences and single-room-occupancy hotels often are criticized as substandard, isolating, and a form of transinstitutionalization" and continued neglect (Mellody 1979; Schmidt et al. 1977; Talbott 1978).

However, not all chronic patients are transinstitutionalized. Some return to their families. Although approximately 65 percent of discharged mental patients return home (Goldman 1980, 1982), not all of these are chronic. Several studies report that approximately one in four chronic patients are discharged to their families (Minkoff 1978). The analysis of data from the Social Security Administration's 1978 Survey of Disability and Work indicates that 59 percent of the 1.07 million mentally disabled Americans living in households were married and residing with a spouse (Ashbaugh et al. 1983).

Emerging Issues

Three emerging problems deserve comment with respect to the chronically mentally ill population, although little data are currently available to address them. These are the problems of chronically mentally ill children and adolescents, the young adult chronic patient, and the homeless chronically mentally ill.

The child mental health field traditionally has hesitated to label young people as "chronic," preferring instead to focus on prevention and correction of problems in psychosocial development. However, the field recognizes the long-term care and treatment needs of a population estimated at 70,000 children and youth in the United States (DHHS 1981). That population has been defined in the NP/CMI as individuals under the age of 18 with a mental disorder, such as autism and other pervasive developmental disorders, childhood schizophrenia, and severe behavior disorder, that produces emotional and/or organic impairment of at least 1 year's duration characterized by functional limitations in self-care, perceptive and expressive language, learning, self-direction, and basic social skills. The NP/CMI further specified the need for a "combination and sequence of special, interdisciplinary or generic care, treatment, or other services...of extended duration." (DHHS 1981, p. A-42).

Detailed epidemiologic data are lacking on mental disorders in children. The NP/CMI estimate of 70,000 was based on NIMH data and included 50,000 children in hospital and other residential treatment settings and 20,000 nonhospitalized children and adolescents. These data remain the most complete estimates available to the field.

The young adult chronic patient has been described in the literature as more likely to have multiple problems, more likely to be transient, more difficult to treat, and less likely to have had continuous contact with the mental health care system (Bachrach 1982; Pepper et al. 1981; Schwartz and Goldfinger 1981). Although the rates of disorder may be no different in this age group (typically 18 to 40) compared to other age cohorts, the number of persons with chronic disorders is likely to be substantially larger because of the baby boom phenomenon between 1946 and 1964. NIMH data suggest that a segment of this population is replacing the elderly in State hospitals (Taube et al. 1983). Projections of current trends in this service setting anticipate an expansion of State hospitals in the future; this would revise the downward trend in resident population that has occurred since 1955 (Stroup and Manderscheid 1984).

Among the young adult chronic patients participating in the CSP, young chronics tended to receive nonpsychotic diagnoses, exhibit deviant and disruptive behaviors, and use mental health and other services at higher rates than did older chronic patients. Clinical histories varied by age group in expected ways, and demographic characteristics and degree of psychiatric disability tended to be similar across age groups (Woy et al. 1983). Development of effective services for this chronic population will be a major challenge of the coming decade.

The homeless chronically mentally ill represent an equal challenge. Estimates of the entire homeless population range from a daily count of 250,000 to 550,000 (Department of Housing and Urban Development) to an annual total of 2,500,000 (National Coalition for the Homeless). Based on a review of available local studies, one of the authors (Manderscheid) has found that deinstitutionalized chronically mentally ill persons appear

to represent about 25 percent of the homeless population in urban areas. When combined with a second subgroup—chronically or acutely mentally ill persons who have been diverted from inpatient care or who have rejected psychiatric treatment—the mentally ill appear to comprise from 40 to 60 percent of the homeless population in urban areas. These estimates may be conservative, since most local studies are based on shelter users, and the mentally ill are less likely to use shelters. Thus, the number of chronically mentally ill individuals who are homeless cannot be clearly specified at the present time. However, estimated most conservatively, the number would be considerable.

An ancillary problem is the use of correctional facilities by the mentally ill homeless. As with the homeless population, little factual information is available on the number of mentally ill persons in correctional facilities on a given date or during an entire year. The National Coalition for Jail Reform has estimated that approximately 700,000 incarcerations of mentally ill persons occur each year in local and county jails. Granted the heavy representation of chronically mentally ill persons in the homeless population, it is reasonable to assume that they are also represented among the mentally ill incarcerated in correctional settings.

The Challenge for the Future

The technical criteria for defining the chronically mentally ill described in this chapter establish the objective boundaries of the target population, which are vital to the activities of planners and policymakers. But they do no more than hint at the clinical, socioeconomic, ethnic, and cultural heterogeneity of this population. Data from several national surveys are currently being analyzed and a few reports on the characteristics of chronic patients in national programs have been published (Tessler et al. 1982; Tessler and Goldman 1982; Tessler and Manderscheid 1982). But data cannot convey any sense of the persons counted, their frailties and strengths, their suffering and that of their families, their hope and striving, however falteringly, for normalcy.

The chronically mentally ill population includes persons whose clinical conditions and functional disabilities vary widely at any point in time and, moreover, change over time. Kramer's (1981) projections for the year 2005 indicate that chronic mental disability will increase dramatically. Variability makes an accurate determination of the size and nature of the population extremely difficult. At best, estimates can be provided to guide national policymakers in a more scientific assessment of needs. Currently, the data reported above are being updated. The limiting factor in this endeavor is the availability of data for a single year on both institutional and community populations, including the subgroups that comprise chronically mentally ill children and youth, the young adult chronic patient, and the homeless chronically mentally ill. Suffice it to note here—although our definition encompasses persons with prolonged moderate-to-severe disability, a significant proportion possesses the capacity to live in relative independence if adequate community-based services, social supports, and life opportunities are provided.

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Table 1.1. Estimates of the number of chronically mentally ill persons in institutions and communities: United States, 1975–77

Location of the chronically mentally ill	Population	
	Severely disabled	Severely and moderately disabled
Total range (institutions and community)...	1,700,000[1]	2,400,000
Institutionalized population (unduplicated count)		
Mental health organizations[2]	150,000	150,000
Nursing homes[3]	750,000	750,000
Residents with mental disorder[4]	300,000	
Residents with mental and physical disorder	450,000	
Community population (unduplicated count)		
Severely disabled[5]	800,000	800,000
Moderately disabled[6]		700,000

[1]For purposes of the National Plan, the smaller figure (1.7 million), which represented the severely disabled chronically mentally ill, was used as the size of the target population.

[2]Includes residents for 1 year or more in the following types of organizations: State and county mental hospitals, Veterans Administration inpatient facilities, private psychiatric hospitals, residential treatment centers, community mental health centers. (Source: Division of Biometry and Applied Sciences, NIMH 1975.)

[3]Estimates based on universe of 1.3 million residents of skilled nursing and intermediate care facilities. (Source: National Center for Health Statistics, 1977 National Nursing Home Survey.)

[4]Includes residents with a primary diagnosis of 797 (senility without psychosis) or from Section V of the *International Classification of Diseases, Eighth Revision*. (Source: National Center for Health Statistics, 1977 National Nursing Home Survey.)

[5]Includes individuals with a mental disorder unable to work at all for 1 year and those who could work only occasionally or irregularly. (Sources: Urban Institute, 1973 Comprehensive Needs Survey; Social Security Administration, 1966 Survey of Disabled Adults.)

[6]Includes so–called "partially disabled" individuals whose work (including housework) was limited by a mental disorder. (Source: Urban Institute, 1973 Comprehensive Needs Survey.)

Table 1.2. Estimates of the number of chronically mentally ill persons, by type of disability and use of mental health organizations (duplicated count): United States, 1975–77

Type of disability	
Receiving SSI/SSDI[1]	550,000
Complete work disability[2]	350,000
Activity limitation[3]	700,000
Use of mental health organizations[4]	
Admissions (length of stay ≥ 90 days)	150,000
Readmissions[5]	650,000

[1]Source: J.R. Anderson (1982) cites *Social Security Bulletin* 44(March):2–48, 1981.

[2]Prevalence of disability population aged 18 to 64. (Source: U.S. Bureau of the Census, 1976 Survey of Income and Education. *Digest of Data on Persons With Disabilities*. DHEW 1979.)

[3]Prevalence of disability in population aged 3 or older. (Source: U.S. Bureau of the Census, 1976 Survey of Income and Education. *Digest of Data on Persons With Disabilities*. DHEW 1979.)

[4]Includes State and county mental hospitals, private psychiatric hospitals, psychiatric units in general hospitals, and residential treatment centers. (Source: Division of Biometry and Applied Sciences, NIMH 1975.)

[5]Readmission counts overestimate chronic patients. Some patients with less severe disorders are admitted many times for brief admissions. (Source: Division of Biometry and Applied Sciences, NIMH 1975.)

Chapter 2

Specialty Mental Health System Characteristics

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Introduction

Considerable change occurred during the 1970s and early 1980s in the structure and characteristics of the system of organized services in the specialty mental health sector, that is, those organizations designed primarily to provide mental health services. This chapter describes some of these basic changes as reflected through organizational data collected from specialty mental health organizations by the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

The information in this chapter was collected through inventories of mental health organizations. The inventories are complete enumerations of all specialty mental health organizations that collect aggregate descriptive information on the number and types of services, capacity (e.g., beds), volume of services, staffing, expenditures, and revenues. A detailed description of the inventories is provided in appendix A.

The types of mental health organizations are defined in appendix A. Included are specialty mental health organizations under non-Federal auspices, as well as those operated by the Veterans Administration (VA medical centers). The following types of services and organizations are excluded: private office-based practices of psychiatrists, psychologists, and other providers; psychiatric services of all types of hospitals or outpatient clinics operated by Federal agencies other than the Veterans Administration (e.g., Public Health Service, Indian Health Service, Department of Defense, Bureau of Prisons); general hospitals that have no separate psychiatric services, but admit psychiatric patients to nonpsychiatric units; and nonhospital psychiatric services of schools, colleges, and other human service providers.

This chapter examines four foci of the specialty mental health sector, which are defined as follows:

Availability refers to the number of organizations and different types of services within these organizations, as well as the capacity of these services, e.g., number of inpatient beds.

Volume reflects the actual level of services provided. Included are aggregate measures of service use for inpatient, outpatient, and partial care, e.g., number of inpatient days of care.

Staffing refers to the level and mix of personnel by discipline within organizations.

Finances reflect the expenditures made by organizations in providing and administering services and the revenues received by these organizations.

Description of Tables

Tables 2.1 through 2.13 are derived from inventory data. These tables are organized to reflect the aforementioned four-system foci. With the exception of tables 2.11 and 2.13, which cover the latest year only, each of these tables presents data for selected years over a 14-year period. Aggregate data are shown by type of organization for the United States as a whole (excluding Puerto Rico, the Virgin Islands, and other U.S. territories and possessions). The inventory data update information published in previous editions of *Mental Health, United States* (NIMH 1983, 1985). Data for 1971, 1973, and 1977, presented in the 1983 edition, are not included in the current tables. However, data for these years are used in figures 2.1 through 2.8.

Changes in the definition and classification of particular organizations limit the comparison of data: Community Mental Health Centers (CMHCs) were reclassified to other organization types in 1982, multiservice mental health organizations were redefined in 1984, and the definition of partial care was expanded in 1984. Therefore, the following are not comparable with earlier years:

- 1981 and 1983 data for freestanding psychiatric outpatient clinics and multiservice mental health organizations
- 1983 data for partial care services

(For further details, see appendix A.)

Availability

Several measures reflect changes that occurred in the availability of organized specialty mental health services between 1970 and 1984. Among these are the number of specialty mental health organizations and the number of these organizations that provide inpatient (including residential treatment), outpatient, and partial care services. For inpatient and residential treatment services, number of beds set up and staffed is a useful measure of system capacity.

Tables 2.1 to 2.1c present information for selected years from 1970 to 1984 on the number of specialty mental health organizations and the particular types of services they provide. Table 2.2 shows the number and distribution of inpatient beds in these organizations during the same period. Some highlights from these tables are presented below.

Number of Organizations

Between 1970 and 1984, the following changes took place within the Nation's organized specialty mental health service delivery system.

- The total number of organizations that provided mental health services rose from 3,005 in 1970, to 3,480 in 1976, to 4,438 in 1984 (table 2.1). Between 1982 and 1984, the number rose from 4,302 to 4,438, an increase of 3.2 percent.

- Despite the increase for all organizations combined, the number of State and county mental hospitals decreased from 310 in 1970 to 303 in 1976, before dropping to 277 in both 1982 and 1984.

- The number of private psychiatric hospitals rose consistently from 150 in 1970, to 182 in 1976, to 220 in 1984; the number of VA medical centers providing psychiatric services rose from 115 in 1970, to 126 in 1976, to 139 in 1984.

- The number of general hospitals with separate psychiatric services rose steadily from 797 in 1970, to 870 in 1976, to 1,531 in 1982, before decreasing to 1,347 in 1984.

- Data for psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations are not comparable with data shown for years prior to 1984 because of definition and classification changes.

Number of Services and Beds Within Organizations

Within specialty mental health organizations, a variety of services are provided, principally inpatient, outpatient, and partial care. Noteworthy changes occurred in the availability of these services between 1970 and 1984.

- The number of organizations that provided inpatient services rose from 1,734 to 2,273 between 1970 and 1976, and to 2,849 in 1984 (table 2.1a).

- For all organizational types combined, the number of inpatient beds decreased in each year shown except 1984 (table 2.2). The number of inpatient beds in 1984 (262,673) was 50 percent less than the number in 1970 (524,878), but 6 percent more than in 1982 (247,312).

- Nearly all the decrease in inpatient beds can be attributed to bed reductions in State and county mental hospitals, which maintained only 130,411 beds in 1984, a decrease of 68 percent from the 413,066 beds available in 1970 (table 2.2). Despite this decrease, State and county mental hospitals still accounted for about 50 percent of all psychiatric beds in 1984, compared with 66 percent in 1976 and 79 percent in 1970 (table 2.2 and figure 2.1).

- The number of inpatient beds increased consistently between 1970 and 1984 in private psychiatric hospitals and non-Federal general hospital psychiatric services, but decreased consistently in VA medical centers (table 2.2). Between 1982 and 1984, the increase in number of beds in private psychiatric hospitals and particularly in psychiatric units of non-Federal general hospitals exceeded the decrease in State and county mental hospitals. This resulted in an overall increase in the number of psychiatric beds for all organizations combined.

- The number of organizations that provided outpatient services increased 32 percent, from 2,156 to 2,838, between 1970 and 1984 (table 2.1b). Substantially fewer State and county mental hospitals and private psychiatric hospitals provided outpatient services in 1984, compared with 1970.

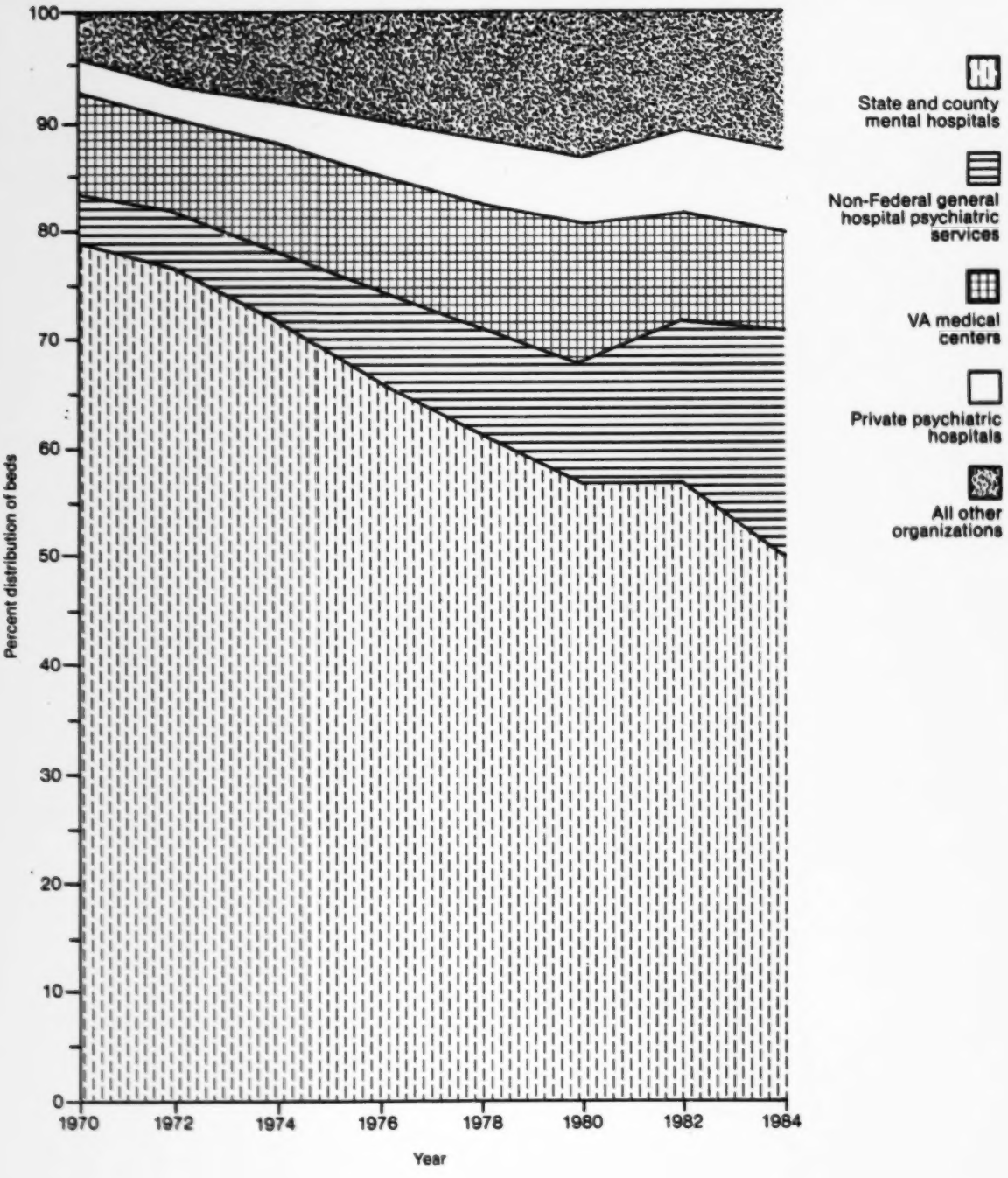
- The number of organizations providing partial care services rose from 778 in 1970 to 1,648 in 1980 to 1,817 in 1984 (table 2.1c). These data are not comparable with earlier years because of redefinition of partial care services.

Volume

This section presents aggregate measures for the volume of service use from the inventories. Along with changes in service availability, changes also occurred in the quantity of services provided and

Figure 2.1

Percent distribution of inpatient and residential treatment beds, by type of mental health organization: United States, 1970—84



are reflected in several discrete measures. Aggregate measures of inpatient volume include number and rate of additions; patient care episodes; inpatient days; average daily census; inpatients at the end of the year; and percent occupancy, a measure that relates system volume to capacity. For outpatient and partial care services, the aggregate volume measures are number and rate of additions.

Tables 2.3 through 2.9 and figures 2.2 through 2.4 display these aggregate measures of system volume. Since many of the measures are related to each other, certain tables are discussed together. Specifically, inpatient additions (table 2.3) are a subset of inpatient care episodes (table 2.4), defined as the number of inpatients receiving services at the beginning of the year plus the number of additions during the year; hence, they are discussed together. Likewise, tables 2.5 (inpatient days), 2.6 (average daily census), and 2.7 (inpatients at the end of the year) are viewed as companion tables and are analyzed together. The average daily census, defined as the annual number of inpatient days divided by 365, represents the mean number of persons occupying beds on a representative day during the year; inpatients at the end of the year represent the number occupying beds at a particular point in time. Tables 2.8 and 2.9, which present data on outpatient and day treatment additions, are discussed separately.

Use of Specialty Inpatient Psychiatric Services

- Between 1969 and 1975, the number of inpatient additions to all organizations rose from 1,282,698 to 1,556,978, an increase of about 21 percent (table 2.3). In the same period, the rates per 100,000 civilian population increased from 644 to 736 (14 percent). Between 1975 and 1981, the number of inpatient additions decreased considerably to 1,482,589, and the corresponding rate per 100,000 civilian population fell to 651.

- In 1983, the number of inpatient additions reached 1,633,307 with a corresponding rate of 701 (table 2.3 and figure 2.2). This figure was the highest of any year since 1975. Similar patterns in both numbers and rates were observed between 1969 and 1983 for inpatient care episodes (table 2.4 and figure 2.3).

- The primary reason for the substantial rise in the number and rate of inpatient additions from 1981 to 1983 was the sharp increase in the number and rate for the separate inpatient psychiatric services of non-Federal general hospitals. Additions to these hospitals rose consistently since 1969, but accelerated between 1981 and 1983.

- Patterns similar to those for non-Federal general hospital psychiatric services can be observed in the trends for private psychiatric hospitals between 1969 and 1983, although the increase between 1981 and 1983 was slight (table 2.3).

- In contrast to other types of organizations, State and county mental hospitals showed a decrease in inpatient additions and episodes throughout the 14-year period, with a leveling off in the 1979–83 period (tables 2.3 and 2.4).

- In 1983, the separate inpatient psychiatric services of non-Federal general hospitals and State and county mental hospitals jointly accounted for 69 percent of all inpatient additions and inpatient episodes (tables 2.3 and 2.4).

- Indicative of the relatively long lengths of inpatient stay in State and county mental hospitals, these hospitals accounted for 50 percent of the beds but only 21 percent of the inpatient additions in 1983 (tables 2.2 and 2.3).

- For all organizations combined, the number of inpatient days, the average daily census, and the number of inpatients at the end of the year decreased between 1969 and 1981 before rising again in 1983 (tables 2.5 through 2.7). Patterns differed, however, by organization type. For private psychiatric hospitals and non-Federal general hospital psychiatric services, the three measures increased each year throughout the 1969–83 period, while they decreased each year for State and county hospitals (tables 2.5 through 2.7).

- For all organization types combined, the percentage of beds occupied decreased from 88 to 85 percent between 1969 and 1983 (table 2.6). Throughout the 14-year period, the percentage of beds occupied was consistently the highest in State and county mental hospitals, VA medical centers, and residential treatment centers (RTCs) for emotionally disturbed children.

Use of Outpatient and Partial Care Services

- The number of outpatient additions rose from 1,146,612 to 2,634,727 between 1969 and 1979, an increase of about 130 percent, with corresponding rates increasing a similar magnitude (table 2.8). In the same interval, outpatient additions as a percent of total additions (inpatient, outpatient, and partial care combined) rose from 46 to 60 percent (figure 2.4).

- After a small decrease between 1979 and 1981 (magnitude unknown due to unavailability of data from VA medical centers), the number of outpatient additions reached an all-time high

Figure 2.2

Additions per 100,000 civilian population, by type of service: United States, 1969–83

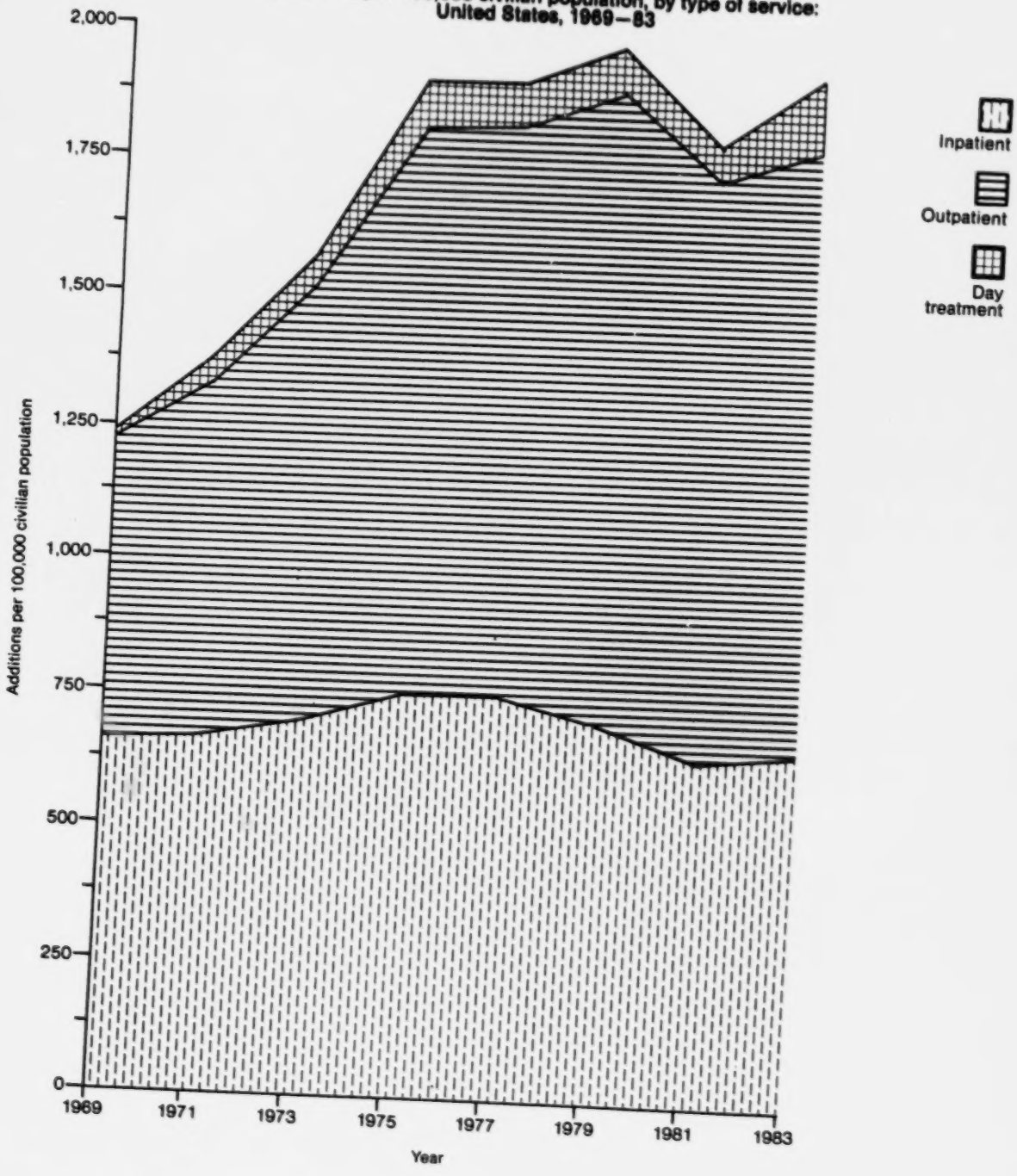


Figure 2.3

Inpatient care episodes per 100,000 civilian population, by type of organization: United States, 1969–83

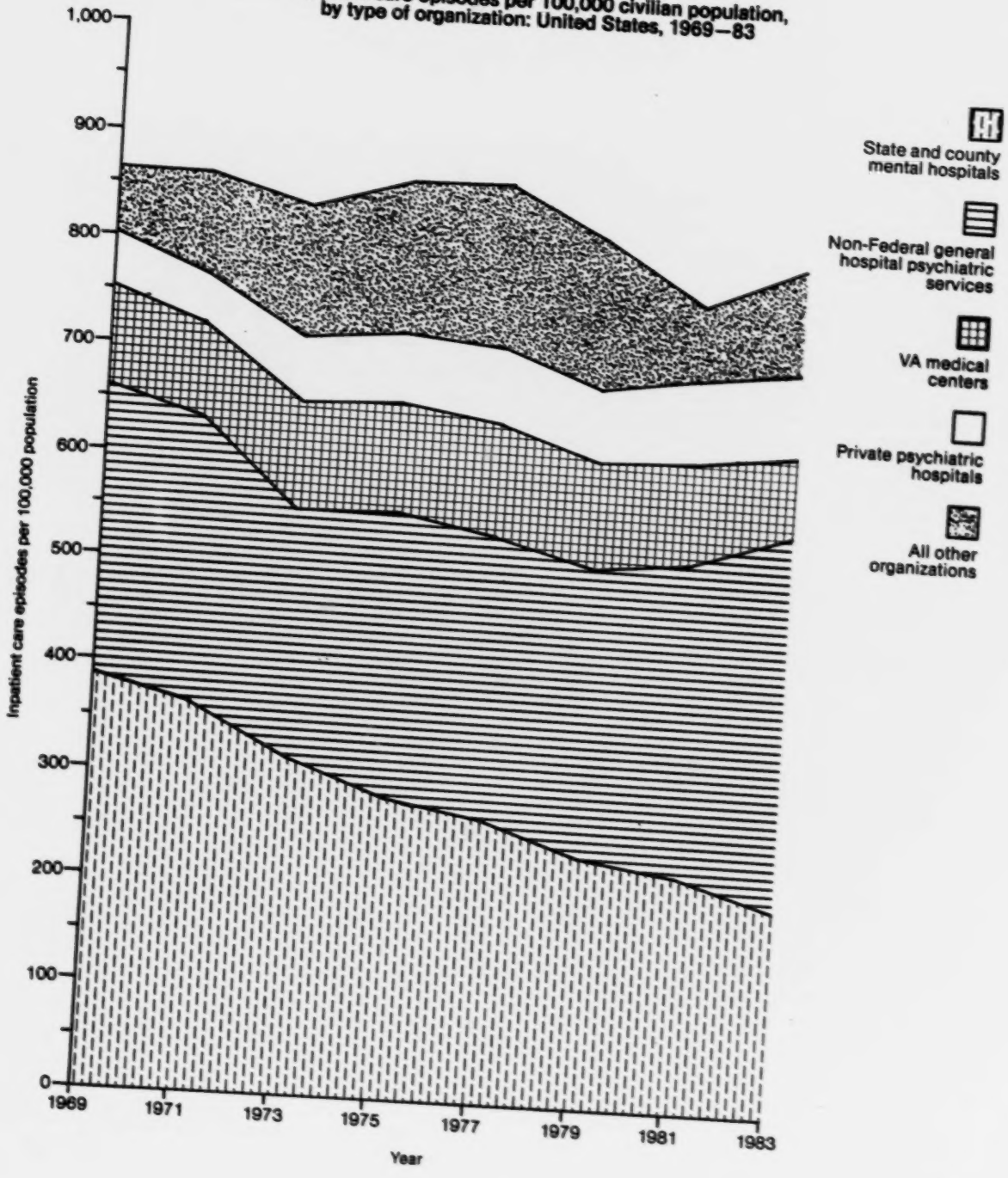
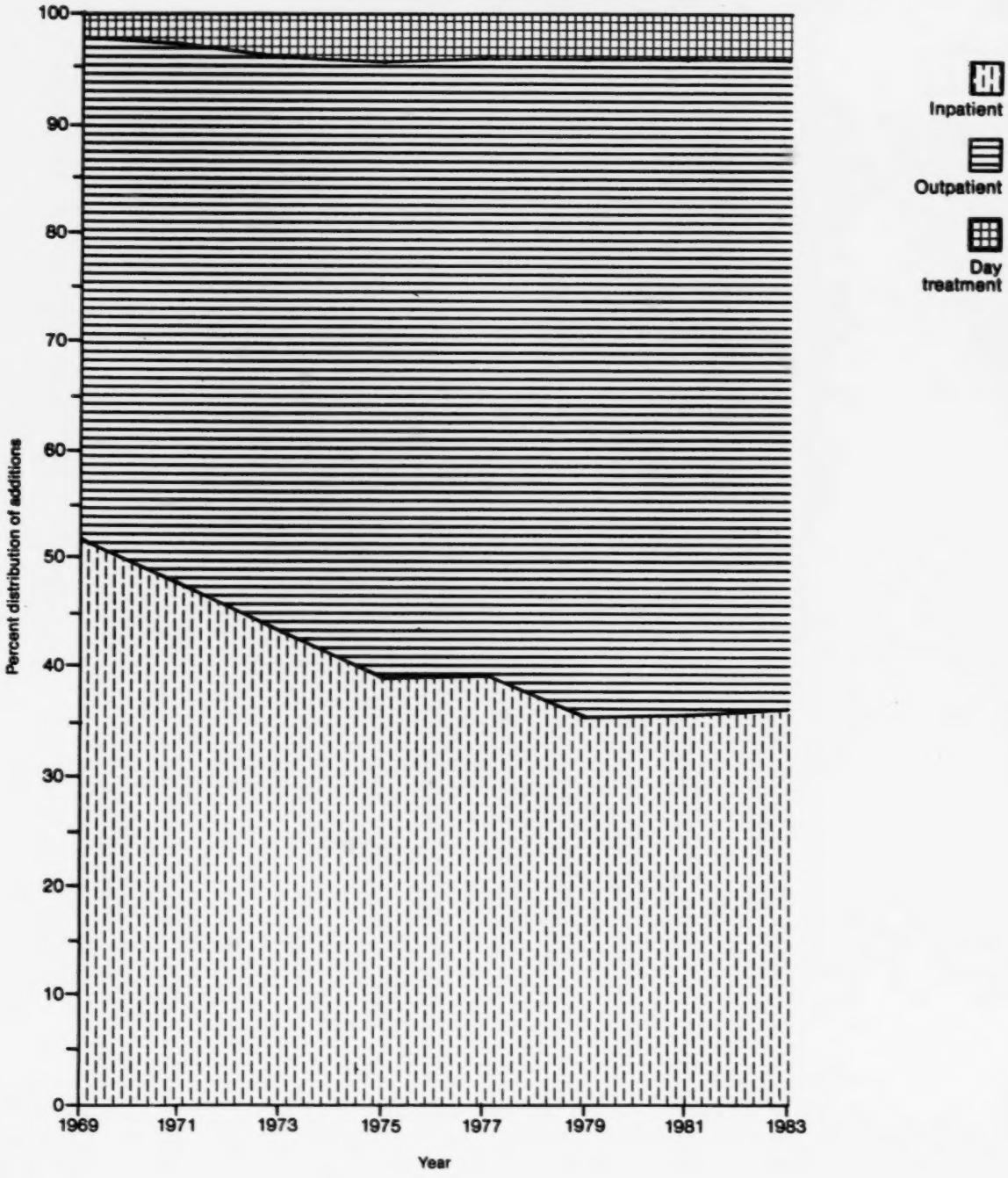


Figure 2.4

Percent distribution of additions to mental health organizations, by type of service: United States 1969-83



in 1983 (table 2.8). Substantial increases occurred between 1981 and 1983 in State and county mental hospitals, private psychiatric hospitals, non–Federal general hospital psychiatric services, and in residential treatment centers for emotionally disturbed children.

- Partial care additions and rates followed trends similar to those for outpatient additions (table 2.9). Between 1969 and 1979, the number of partial care additions more than tripled from 55,486 to 172,331 (211 percent), and the rates per 100,000 civilian population rose from 28 to 78 (179 percent).

- After decreasing somewhat between 1979 and 1981 (amount unknown due to unavailability of data from VA medical centers), partial care additions reached new highs in 1983 (table 2.9). However, part of the increase was attributable to changes in the definition of partial care (see appendix A). Throughout the 1969–83 period, partial care additions comprised 3 to 4 percent of total additions (figure 2.4).

Staffing

Tables 2.10a through 2.10g show the number of full–time equivalent (FTE) staff by staff discipline for selected organizations and years between 1972 and 1984. FTE staff is defined as the total number of hours worked by full–time, part–time, and trainee staff divided by 40 hours. Table 2.10 summarizes these data; 1982 was omitted from this table and table 2.10d because relevant data for that year were not available for VA medical centers. In table 2.10c, which shows non–Federal general hospital psychiatric services, data for 1982 were similarly unavailable. In table 2.10g, which displays data for freestanding partial care organizations, the year 1974 is shown rather than 1972. For freestanding outpatient clinics (table 2.10f), freestanding partial care organizations and multiservice mental health organizations (table 2.10g), and non–Federal general hospital psychiatric services (table 2.10c), the data for 1982 and/or 1984 are not comparable with data for earlier years due to (1) the reclassification of CMHCs by NIMH in 1982, (2) the change in definition of a multiservice mental health organization in 1984, and (3) modifications to the definition of partial care in 1984 (see appendix A).

- In 1984, more than 440,925 FTE staff were employed in mental health organizations in the United States, a substantial increase over FTE personnel reported for 1976 (375,984) and 1978 (430,051) (table 2.10).

- FTE professional patient care staff increased from 100,886 in 1972 to 202,474 in 1984 (101 percent); in the same period, FTE other patient care staff decreased from 140,379 to 110,769 (21 percent), and administrative, clerical, and maintenance staff showed little change (table 2.10). This pattern was partially attributable to a decrease in the use of aides, orderlies, and licensed practical nurses, particularly in State and county mental hospitals, where patient days and number of episodes decreased over the years. In 1984, 46 percent of all FTE staff in mental health organizations consisted of professional patient care staff, compared with approximately 27 percent in 1972 (figure 2.5).

- The number of FTE psychologists, social workers, and registered nurses increased consistently between 1972 and 1984. However, the number of FTE physicians other than psychiatrists decreased between 1976 and 1978, before increasing in 1984 (table 2.10).

- The total FTE staff in State and county mental hospitals decreased from 223,886 to 180,139 (20 percent) in the 1972–84 period (table 2.10a). In contrast, FTE professional patient care staff rose consistently throughout this period, except for a slight decline between 1976 and 1978. In 1984, FTE professional patient care staff employed in State and county mental hospitals numbered 51,290, an increase of more than 33 percent from the 38,516 employed in 1972. Thus, FTE professional patient care staff actually increased while FTE total staff decreased.

- In contrast to the staffing pattern of State and county mental hospitals, total FTE staff in private psychiatric hospitals approximately doubled between 1972 and 1984, from 21,504 to 42,202 (table 2.10b). In this period, FTE professional patient care staff more than tripled, while FTE other mental health workers increased only 22 percent, from 5,594 to 6,835.

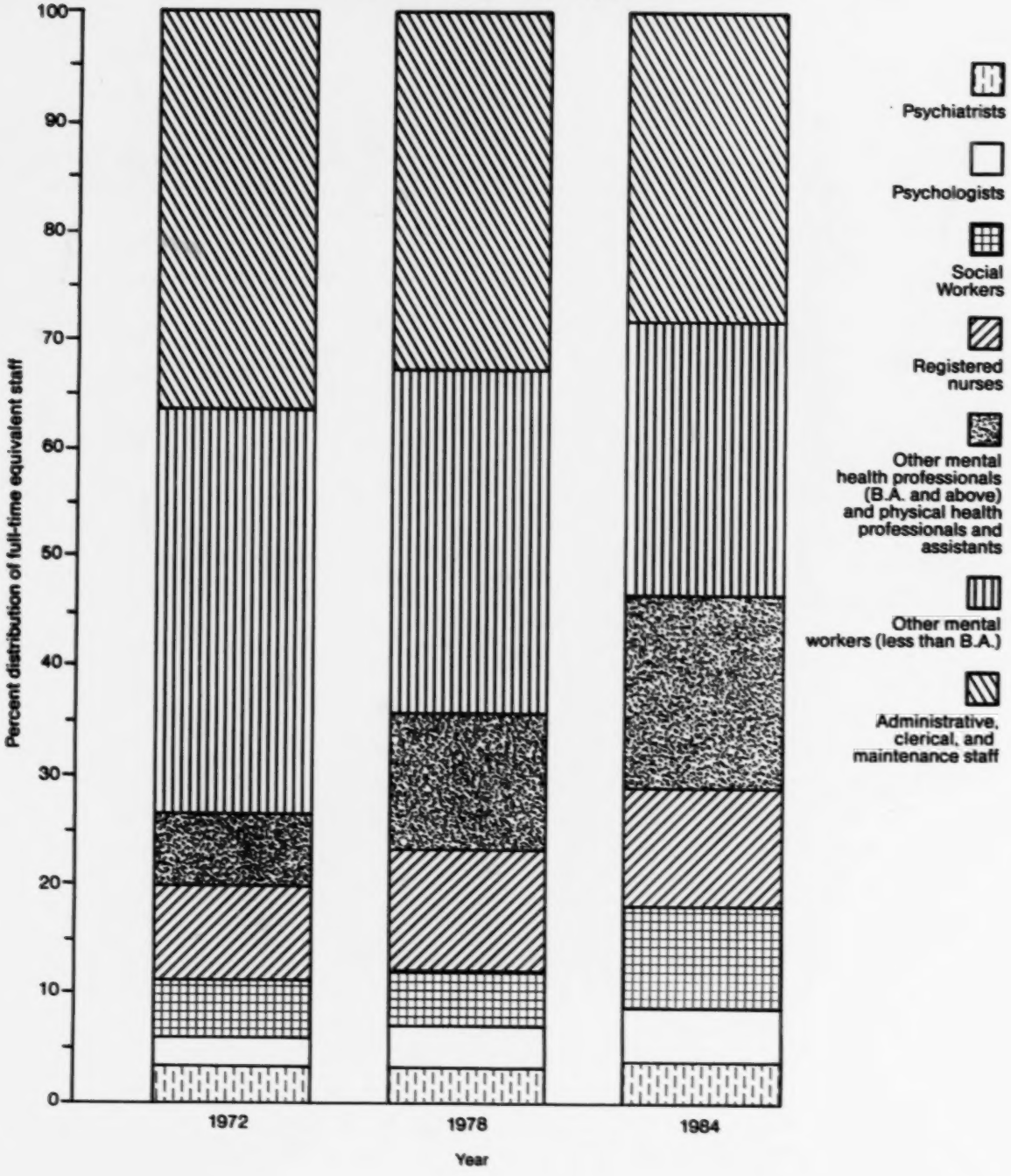
- In non–Federal general hospital psychiatric services, the total FTE staff rose from 30,982 to 68,047 (121 percent) between 1972 and 1984; the increase was even greater for professional patient care staff, which grew from 15,565 to 46,335 (nearly 200 percent) (table 2.10c).

- In VA medical centers, despite a drop in total FTE personnel from 42,152 to 30,337 (28 percent) between 1972 and 1984, the FTE professional patient care staff rose from 12,315 to 16,265 (32 percent) (table 2.10d).

Tables 2.11a through 2.11g present 1984 data on the number of staff by status (i.e., full–time, part–time, trainee) in selected mental health organizations. These data are summarized in table 2.11.

Figure 2.5

Percent distribution of full-time equivalent staff employed in mental health organizations, by type of discipline: United States, 1972, 1978, and 1984



- Of the 356,887 patient care staff in all mental health organizations in 1984, nearly 78 percent were employed full-time, 16 percent part-time, and 6 percent as trainees, residents, or interns (table 2.11).

- The distribution of staff varied greatly by staff discipline (table 2.11). Approximately 37 percent of psychiatrists were employed full-time, compared with 65 percent of psychologists, 78 percent of social workers, 77 percent of registered nurses, and 86 percent of other patient care staff.

- The distribution of staff positions also varied greatly among the different types of mental health organizations (tables 2.11a through 2.11g). For example, 39 percent of psychiatrists were employed part-time overall (table 2.11), compared with 19 percent in State and county mental health hospitals (table 2.11a) and 74 percent in residential treatment centers for emotionally disturbed children (table 2.11e).

Finances

The expenditures made by mental health organizations in providing services and administering programs increased substantially between 1969 and 1983, a period of historically high inflation. Expenditures include salaries, other operating expenses, and capital expenditures. To show the effects of inflation on expenditures by specialty mental health organizations, total expenditures and per capita expenditures are shown for each type of organization in current (table 2.12a) and constant (table 2.12b) dollars. Constant dollars are based on the medical care component of the consumer price index (1969=100). These data are shown for selected years between 1969 and 1983. Because of the aforementioned changes in classifications and definitions (see appendix A), trends in expenditure data can be examined only for selected types of mental health organizations between 1969 and 1983.

- Expenditures in current dollars (table 2.12a; figures 2.6 and 2.7) for all organizations rose from $3.29 billion in 1969 to $14.43 billion in 1983, an increase of approximately 339 percent. In the same period, the per capita expenditure in current dollars increased from $16.53 to $62.12, a growth of approximately 276 percent.

- For each period shown between 1969 and 1983, both the total expenditures and the per capita expenditures in current dollars were higher than in the previous period (table 2.12a; figures 2.6 and 2.7).

- Much of the increase in expenditures was due to inflation (table 2.12b and figure 2.8). Expenditures by all mental health organizations, measured in constant dollars, rose from $3.29 billion in 1969 to $4.58 billion in 1983 (only 39 percent), while per capita expenditures in constant dollars rose only from $16.53 to $19.71 (slightly more than 19 percent).

- For private psychiatric hospitals, total expenditures expressed in constant dollars increased steadily over the 14-year period (table 2.12b and figure 2.8).

- For State and county mental hospitals, total expenditures in constant dollars decreased from $1.81 billion to $1.74 billion between 1969 and 1983 (table 2.12b and figure 2.8). Between 1969 and 1975, the adjusted total expenditures for State and county mental hospitals increased from $1.81 billion to $2.14 billion, but subsequently decreased between 1975 and 1983 because of a decrease in the size of the resident patient population and the closing of these hospitals.

- For RTCs, total expenditures expressed in constant dollars increased for each year shown from 1969 to 1979, but began decreasing in 1981 (table 2.12b and figure 2.8).

Table 2.13 shows the dollar amount and percent distribution of revenue by source and type of organization. These data are shown only for 1983, the first year they were obtained. Data were not available for non-Federal general hospital psychiatric services.

- Of the total revenues of $11.6 billion from all sources, State mental health agency funds comprised 41 percent, followed by "other Federal" and client fees (13 percent); and Medicaid (12 percent) (table 2.13).

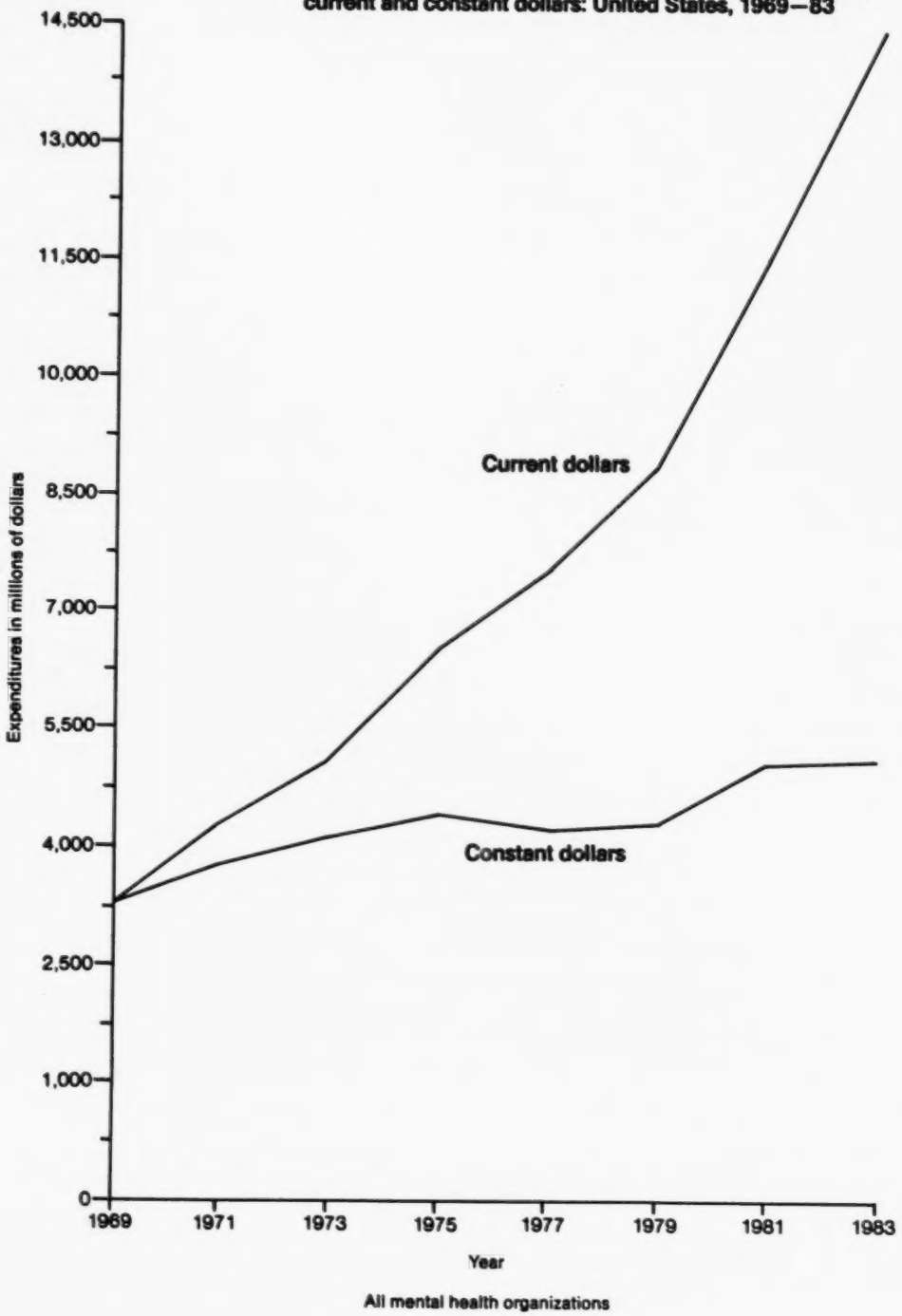
- As expected, nearly 62 percent of the State and county mental hospital revenues came from the State mental health agency funds, followed by Medicaid (18 percent) (table 2.13). Less than 5 percent of State and county mental hospital revenues were derived from client fees.

- In contrast to State and county mental hospitals, client fees (including insurance payments) accounted for over two-thirds of all revenues of private psychiatric hospitals, and another 10 percent came from Medicare (table 2.13).

- Other organizations such as psychiatric outpatient clinics, psychiatric partial care organizations, and multiservice mental health organizations received more revenues from State mental health agencies than from other sources (table 2.13). Each of these organiza-

Figure 2.6

Estimated annual expenditures for mental health organizations, in current and constant dollars: United States, 1969–83



All mental health organizations

Figure 2.7

Estimated annual expenditures in current dollars, by type of organization: United States, 1969–83

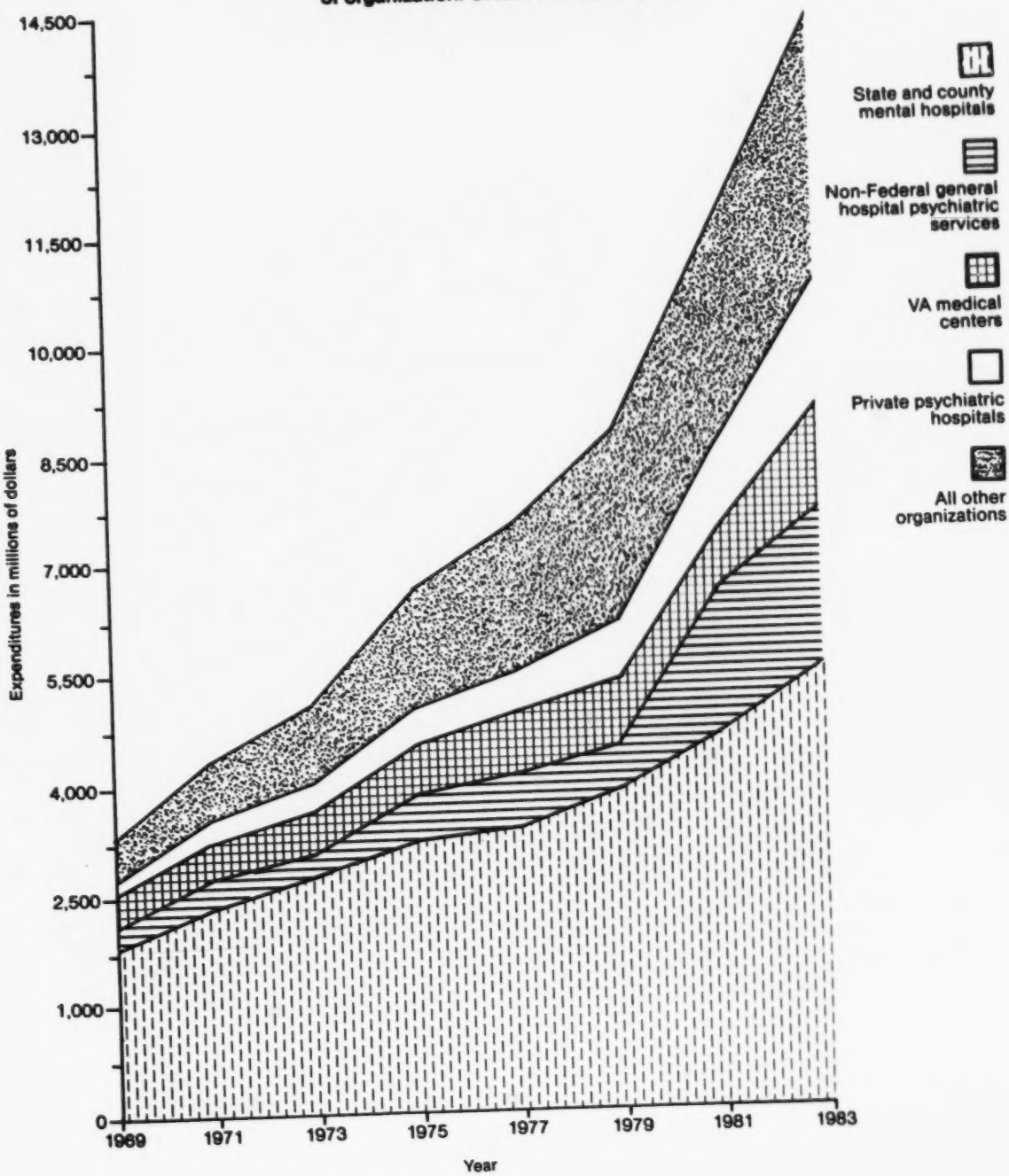
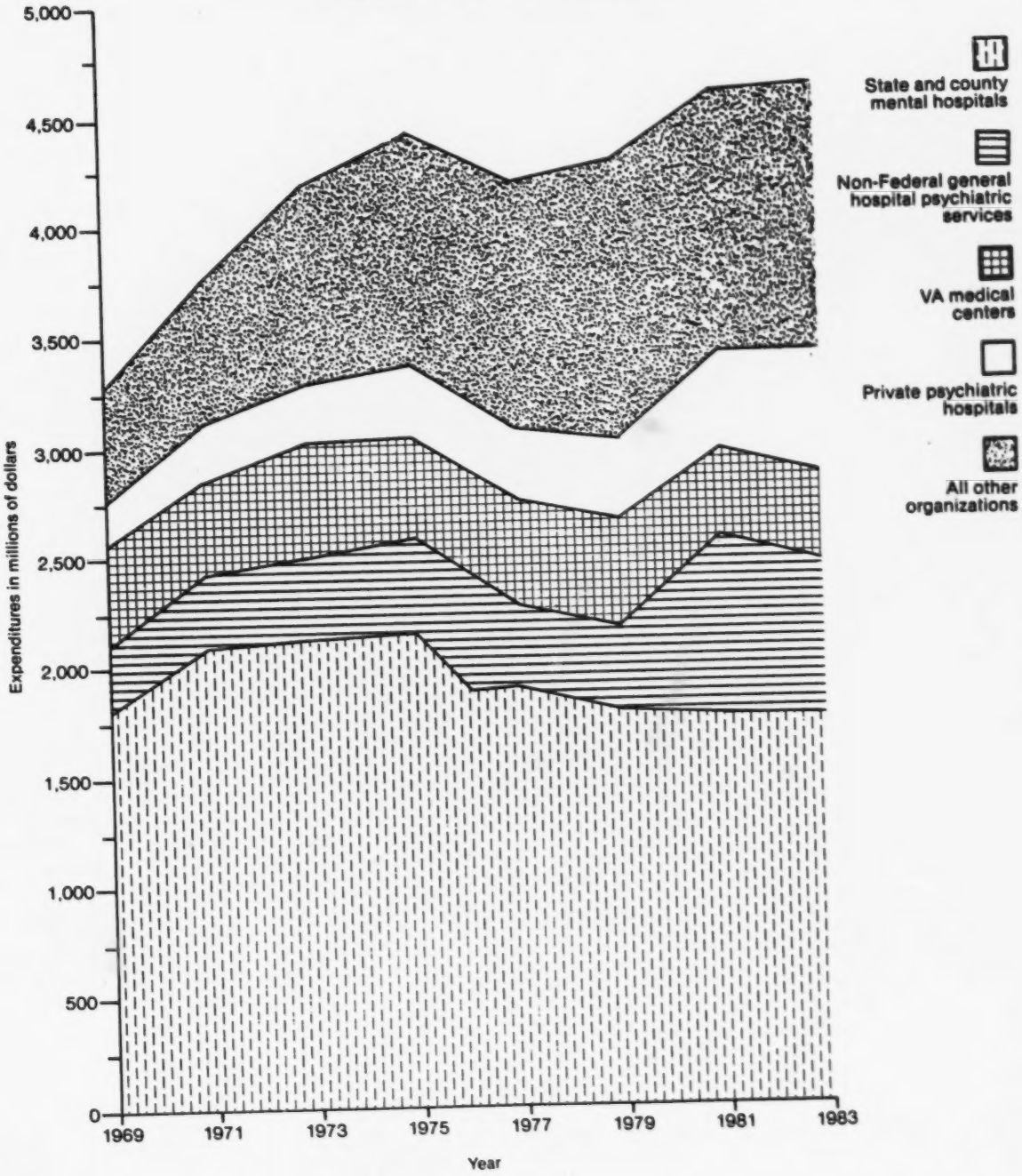


Figure 2.8

Estimated annual expenditures in constant dollars, by type of organization: United States 1969-83



tion types also received a substantial amount of funds from local government programs.

- RTCs received over a third of their funds from local governmental sources, followed by nearly 18 percent from State mental health agencies (table 2.13).

Summary and Conclusions

This chapter presents an analysis of the availability and volume of services, staffing, and finances of specialty mental health organizations in the United States between 1969 and 1983.

The number of organizations providing psychiatric services rose nearly 50 percent from 3,005 to 4,438 between 1970 and 1984, with most of the increase attributed to private psychiatric hospitals and non-Federal general hospitals with psychiatric services. In contrast, the number of VA medical centers and State and county mental hospitals decreased during the same period. Because of changes in definition and classification, comparisons could not be made for multiservice mental health organizations and psychiatric outpatient clinics.

The number of organizations providing psychiatric inpatient services rose from 1,734 in 1970 to 2,849 in 1984, while the number of beds decreased from 524,878 to 262,673. This resulted from a proliferation in non-Federal general hospital psychiatric inpatient services and private psychiatric hospitals, accompanied by a decrease in the number and bed size of State and county mental hospitals. The number of organizations providing psychiatric outpatient services also increased in the 1970–84 period.

The number of inpatient additions reached an all-time high in 1983. This sudden change in the volume and direction of inpatient additions was accompanied by a sharp increase in the number of inpatient additions to private psychiatric hospitals and general hospital psychiatric services, and a leveling off in the decrease of inpatient additions to State and county mental hospitals. Similar patterns were observed for partial care additions.

Outpatient additions increased at a much greater rate than inpatient additions, rising 133 percent between 1969 and 1983 compared with only 27 percent for inpatient additions.

Total FTE staff employed in mental health organizations increased from 375,984 to 440,925 between 1976 and 1984. In the same period, professional patient care staff more than doubled, whereas other patient care staff (other mental health workers, less than B.A.) actually decreased. Differences were observed in the growth of FTE staff by type of organization. Total FTE staff more than doubled between 1972 and 1984 in both private psychiatric hospitals and non-Federal general hospital psychiatric services, and decreases were noted in State and county mental hospitals. Professional patient care staff increased in all organization types.

The distribution of staff by status (e.g., full-time, part-time, trainee) varied greatly by organization type and staff discipline.

Expenditures by mental health organization rose from $3.29 billion in 1969 to $14.43 billion in 1983, an increase of approximately 340 percent. Measured in constant (noninflated) dollars, the increase was only 39 percent. For certain organization types, such as private psychiatric hospitals, the expenditures in constant dollars rose each year shown between 1969 and 1983, but for State and county mental hospitals, constant dollar expenditures were lower in 1983 than in 1969.

Of the total revenues of $11.6 billion, State mental health agency funds (excluding Medicaid) accounted for 41 percent, followed by other Federal funds, with 13 percent. As expected, however, funding sources varied by type of organization. State mental health agency funds accounted for 62 percent of revenues in State and county mental hospitals, compared with only 18 percent in RTCs and 2 percent in private psychiatric hospitals. In private psychiatric hospitals, client fees accounted for over two-thirds of the revenues, and local government fees accounted for over one-third of revenues in RTCs.

References

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National Institute of Mental Health. *Mental Health, United States, 1985*. Taube, C.A., and Barrett, S.A., eds. DHHS Pub. No. (ADM)85-1378, Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1985.

Table 2.1. Number and percent distribution of mental health organizations, by type of organization: United States, selected years 1970–84[1]

Type of organization	1970	1976	1980	1982	1984
	Number of mental health organizations				
All organizations	3,005	3,480	3,727	4,302	4,438
State and county mental hospitals	310	303	280	277	277
Private psychiatric hospitals	150	182	184	211	220
Non–Federal general hospitals with separate psychiatric services	797	870	923	1,531	1,347
VA psychiatric services[2]	115	126	136	129	139
Federally funded community mental health centers	196	517	691	–	–
Residential treatment centers for emotionally disturbed children	261	331	368	339	322
Freestanding psychiatric outpatient clinics	1,109	1,076	1,053	1,473	792
All other organizations[3]	67	75	92	342	1,341
	Percent distribution of mental health organizations				
All organizations	100.0%	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	10.3	8.7	7.5	6.4	6.2
Private psychiatric hospitals	5.0	5.2	4.9	4.9	5.0
Non–Federal general hospitals with separate psychiatric services	26.5	25.0	24.8	35.7	30.4
VA psychiatric services[2]	3.8	3.6	3.6	3.0	3.1
Federally funded community mental health centers	6.5	14.9	18.5	–	–
Residential treatment centers for emotionally disturbed children	8.7	9.5	9.9	7.9	7.3
Freestanding psychiatric outpatient clinics	36.9	30.9	28.3	34.2	17.8
All other organizations[3]	2.3	2.2	2.5	7.9	30.2

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]For the most recent years shown in these tables (1981–82 and 1983–84), some organizations were reclassified as a result of changes in reporting procedures and definitions. For the 1979–80 and 1981–82 years, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979–80, 1981–82, and 1983–84 data, and those from earlier years. For details, see text and appendix A.

[2]Includes VA neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

[3]Includes freestanding psychiatric partial care organizations and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984. For details, see text and appendix A.

Table 2.1a. Number and percent distribution of mental health organizations providing inpatient services, by type of organization: United States, selected years 1970–84[1]

Type of organization	1970	1976	1980	1982	1984
			Number of inpatient services		
All organizations	1,734	2,273	2,526	2,305	2,849
State and county mental hospitals	310	303	280	277	277
Private psychiatric hospitals	150	182	184	211	220
Non–Federal general hospitals with separate psychiatric services	664	791	843	1,059	1,259
VA medical centers[2]	110	112	121	127	124
Federally funded community mental health centers	196	517	691	–	–
Residential treatment centers for emotionally disturbed children	261	331	368	339	322
All other organizations[3]	43	37	39	292	647
			Percent distribution of inpatient services		
All organizations	100.0%	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	17.9	13.3	11.0	12.0	9.7
Private psychiatric hospitals	8.6	8.0	7.3	9.2	7.7
Non–Federal general hospitals with separate psychiatric services	38.3	34.8	33.4	45.9	44.2
VA medical centers[2]	6.3	4.9	4.8	5.5	4.4
Federally funded community mental health centers	11.3	22.8	27.4	–	–
Residential treatment centers for emotionally disturbed children	15.1	14.6	14.6	14.7	11.3
All other organizations[3]	2.5	1.6	1.5	12.7	22.7

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]For the most recent years shown in these tables (1981–82 and 1983–84), some organizations were reclassified as a result of changes in reporting procedures and definitions. For the 1979–80 and 1981–82 years, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979–80, 1981–82, and 1983–84 data, and those from earlier years. For details, see text and appendix A.

[2]Includes VA neuropsychiatric hospitals and VA general hospital psychiatric services.

[3]Includes freestanding psychiatric partial care organizations and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984. For details, see text and appendix A.

Table 2.1b. Number and percent distribution of mental health organizations providing outpatient services, by type of organization: United States, selected years 1970–84[1]

Type of organization	1970	1976	1980	1982	1984
			Number of outpatient services		
All organizations	2,156	2,318	2,431	NA	2,838
State and county mental hospitals	195	147	100	91	86
Private psychiatric hospitals	100	60	54	70	77
Non-Federal general hospitals with separate psychiatric services	376	303	299	529	504
VA medical centers[2]	100	113	127	NA	132
Federally funded community mental health centers	196	517	691	–	–
Residential treatment centers for emotionally disturbed children	48	57	68	60	63
Freestanding psychiatric outpatient clinics	1,109	1,076	1,053	1,473	792
All other organizations[3]	32	45	39	292	1,184
			Percent distribution of outpatient services		
All organizations	100.0%	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	9.1	6.3	4.1	NA	3.0
Private psychiatric hospitals	4.6	2.6	2.2	NA	2.7
Non-Federal general hospitals with separate psychiatric services	17.5	13.1	12.3	NA	17.8
VA medical centers[2]	4.6	4.9	5.2	NA	4.7
Federally funded community mental health centers	9.1	22.3	28.5	–	–
Residential treatment centers for emotionally disturbed children	2.2	2.5	2.8	NA	2.2
Freestanding psychiatric outpatient clinics	51.4	46.4	43.3	NA	27.9
All other organizations[3]	1.5	1.9	1.6	NA	41.7

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]For the most recent years shown in these tables (1981–82 and 1983–84), some organizations were reclassified as a result of changes in reporting procedures and definitions. For the 1979–80 and 1981–82 years, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979–80, 1981–82, and 1983–84 data, and those from earlier years. For details, see text and appendix A.

[2]Includes VA neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

[3]Includes freestanding psychiatric partial care organizations and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984. For details, see text and appendix A.

Table 2.1c. Number and percent distribution of mental health organizations providing partial care services, by type of organization: United States, selected years 1970–84[1]

Type of organization	1970	1976	1980	1982	1984
			Number of partial care services		
All organizations	778	1,447	1,648	NA	1,817
State and county mental hospitals	113	118	83	62	63
Private psychiatric hospitals	74	77	68	71	74
Non–Federal general hospitals with separate psychiatric services	166	176	165	340	344
VA medical centers[2]	48	69	67	NA	65
Federally funded community mental health centers	196	517	691	–	–
Residential treatment centers for emotionally disturbed children	44	106	104	64	69
Freestanding psychiatric outpatient clinics	82	314	381	662	88
All other organizations[3]	55	70	89	290	1,114
			Percent distribution of partial care services		
All organizations	100.0%	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	14.5	8.2	5.1	NA	3.5
Private psychiatric hospitals	9.5	5.3	4.1	NA	4.1
Non–Federal general hospitals with separate psychiatric services	21.3	12.2	10.0	NA	18.9
VA medical centers[2]	6.2	4.8	4.1	NA	3.6
Federally funded community mental health centers	25.2	35.7	41.9	–	–
Residential treatment centers for emotionally disturbed children	5.7	7.3	6.3	NA	3.8
Freestanding psychiatric outpatient clinics	10.5	21.7	23.1	NA	4.8
All other organizations[3]	7.1	4.8	5.4	NA	61.3

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]For the most recent years shown in these tables (1981–82 and 1983–84), some organizations were reclassified as a result of changes in reporting procedures and definitions. For the 1979–80 and 1981–82 years, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979–80, 1981–82, and 1983–84 data, and those from earlier years. For details, see text and appendix A.

[2]Includes VA neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

[3]Includes freestanding psychiatric partial care organizations and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984. For details, see text and appendix A.

Table 2.2. Number of inpatient and residential treatment beds, percent distribution, and rate per 100,000 civilian population,[1] by type of mental health organization: United States, selected years 1970–84[2]

Type of organization	1970	1976	1980	1982	1984
			Number of inpatient beds		
All organizations	524,878	338,963	274,713	247,312	262,673
State and county mental hospitals	413,066	222,202	156,482	140,140	130,411
Private psychiatric hospitals	14,295	16,091	17,157	19,011	21,474
Non-Federal general hospitals with separate psychiatric services	22,394	28,706	29,384	36,525	46,045
VA medical centers[3]	50,688	35,913	33,796	24,646	23,546
Federally funded community mental health centers	8,108	17,029	16,264	–	–
Residential treatment centers for emotionally disturbed children	15,129	18,029	20,197	18,475	16,745
All other organizations[4]	1,198	993	1,433	8,515	24,452
			Percent distribution of inpatient beds		
All organizations	100.0%	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	78.7	65.6	57.0	56.6	49.6
Private psychiatric hospitals	2.7	4.7	6.6	7.7	8.2
Non-Federal general hospitals with separate psychiatric services	4.3	8.5	10.7	14.8	17.5
VA medical centers[3]	9.7	10.6	12.3	10.0	9.0
Federally funded community mental health centers	1.5	5.0	5.5	–	–
Residential treatment centers for emotionally disturbed children	2.9	5.3	7.4	7.5	6.4
All other organizations[4]	0.2	0.3	0.5	3.4	9.3
			Inpatient beds per 100,000 civilian population		
All organizations	263.6	160.3	124.3	108.1	112.9
State and county mental hospitals	207.4	105.1	70.2	61.2	56.1
Private psychiatric hospitals	7.2	7.6	7.7	8.3	9.2
Non-Federal general hospitals with separate psychiatric services	11.2	13.6	13.7	16.0	19.8
VA medical centers[3]	25.5	17.0	15.7	10.8	10.1
Federally funded community mental health centers	4.1	8.0	7.3	–	–
Residential treatment centers for emotionally disturbed children	7.6	8.5	9.1	8.1	7.2
All other organizations[4]	0.6	0.5	0.6	3.7	10.5

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]For the most recent years shown in these tables (1981–82 and 1983–84), some organizations were reclassified as a result of changes in reporting procedures and definitions. For the 1979–80 and 1981–82 years, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979–80, 1981–82, and 1983–84 data, and those from earlier years. For details, see text and appendix A.

[2]Includes VA neuropsychiatric hospitals and VA general hospital psychiatric services.

[3]Includes freestanding psychiatric partial care organizations and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984. For details, see text and appendix A.

Table 2.3. Number of inpatient and residential treatment additions, percent distribution, and rate per 100,000 civilian population,[1] by type of mental health organization: United States, selected years 1969–83[2]

Type of organization	1969	1975	1979	1981	1983
			Number of inpatient additions		
All organizations	1,282,698	1,556,978	1,541,659	1,482,589	1,633,307
State and county mental hospitals	486,661	433,529	383,323	370,693	339,127
Private psychiatric hospitals	92,056	125,529	140,831	162,034	164,732
Non-Federal general hospitals with separate psychiatric services	478,000	543,731	551,190	648,205	786,180
VA medical centers[3]	135,217	180,701	180,416	162,884	149,398
Federally funded community mental health centers	59,730	236,226	246,409	–	–
Residential treatment centers for emotionally disturbed children	7,596	12,022	15,453	17,703	16,519
All other organizations[4]	23,438	25,240	24,037	121,070	177,351
			Percent distribution of inpatient additions		
All organizations	100.0%	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	37.9	27.8	24.8	25.0	20.8
Private psychiatric hospitals	7.2	8.1	9.1	10.9	10.1
Non-Federal general hospitals with separate psychiatric services	37.3	34.9	35.8	43.7	48.1
VA medical centers[3]	10.5	11.6	11.7	11.0	9.1
Federally funded community mental health centers	4.7	15.2	16.0	–	–
Residential treatment centers for emotionally disturbed children	0.6	0.8	1.0	1.2	1.0
All other organizations[4]	1.8	1.6	1.6	8.2	10.9
			Inpatient additions per 100,000 civilian population		
All organizations	644.2	736.5	704.2	651.2	701.4
State and county mental hospitals	244.4	205.1	172.0	162.8	146.0
Private psychiatric hospitals	46.2	59.4	63.2	71.2	70.9
Non-Federal general hospitals with separate psychiatric services	240.1	257.2	256.7	284.7	336.8
VA medical centers[3]	67.9	85.5	84.0	71.5	64.3
Federally funded community mental health centers	30.0	111.7	110.6	–	–
Residential treatment centers for emotionally disturbed children	3.8	5.7	6.9	7.8	7.1
All other organizations[4]	11.8	11.9	10.8	53.2	76.3

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]The population used in the calculation of these rates is the January 1 civilian population of the United States for the respective years.

[2]For the most recent years shown in these tables (1981–82 and 1983–84), some organizations were reclassified as a result of changes in reporting procedures and definitions. For the 1979–80 and 1981–82 years, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979–80, 1981–82, and 1983–84 data, and those from earlier years. For details, see text and appendix A.

[3]Includes VA neuropsychiatric hospitals and VA general hospital psychiatric services.

[4]Includes freestanding psychiatric partial care organizations and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984. For details, see text and appendix A.

Table 2.4. Number of inpatient and residential episodes, percent distribution, and rate per 100,000 civilian population,[1] by type of mental health organization: United States, selected years 1969–83[2]

Type of organization	1969	1975	1979	1981	1983
	Number of inpatient episodes				
All organizations	1,710,372	1,817,108	1,779,587	1,720,392	1,860,613
State and county mental hospitals	767,115	598,993	526,690	499,169	459,374
Private psychiatric hospitals	102,510	137,025	150,535	176,513	180,822
Non-Federal general hospitals with separate psychiatric services	535,493	565,696	571,725	676,941	820,030
VA medical centers[3]	186,913	214,264	217,507	205,580	170,508
Federally funded community mental health centers	65,000	246,891	254,288	–	–
Residential treatment centers for emotionally disturbed children	21,340	28,302	33,729	34,426	32,544
All other organizations[4]	32,001	25,937	25,113	727,763	197,335
	Percent distribution of inpatient episodes				
All organizations	100.0%	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	44.9	33.0	29.6	29.0	24.7
Private psychiatric hospitals	6.0	7.5	8.5	10.3	9.7
Non-Federal general hospitals with separate psychiatric services	31.3	31.1	32.3	39.4	44.1
VA medical centers[3]	10.9	11.8	12.2	11.9	9.2
Federally funded community mental health centers	3.8	13.6	14.3	–	–
Residential treatment centers for emotionally disturbed children	1.2	1.6	1.9	2.0	1.7
All other organizations[4]	1.9	1.4	1.4	7.4	10.6
	Inpatient episodes per 100,000 civilian population				
All organizations	859.1	859.6	812.1	755.7	799.1
State and county mental hospitals	385.3	283.3	236.4	219.3	197.7
Private psychiatric hospitals	51.5	64.8	67.6	77.5	77.8
Non-Federal general hospitals with separate psychiatric services	269.0	267.6	266.3	297.3	351.3
VA medical centers[3]	93.9	101.4	101.3	90.3	73.4
Federally funded community mental health centers	32.6	116.8	114.1	–	–
Residential treatment centers for emotionally disturbed children	10.7	13.4	15.1	15.1	14.0
All other organizations[4]	16.1	12.3	11.3	56.1	84.9

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]The population used in the calculation of these rates is the January 1 civilian population of the United States for the respective years.

[2]For the most recent years shown in these tables (1981–82 and 1983–84), some organizations were reclassified as a result of changes in reporting procedures and definitions. For the 1979–80 and 1981–82 years, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979–80, 1981–82, and 1983–84 data, and those from earlier years. For details, see text and appendix A.

[3]Includes VA neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

[4]Includes freestanding psychiatric partial care organizations and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984. For details, see text and appendix A.

Table 2.5. Number of inpatient and residential treatment days, percent distribution, and rate per 1,000 civilian population,[1] by type of mental health organization: United States, selected years 1969–83[2]

Type of organization	1969	1975	1979	1981	1983
	Number of inpatient days in thousands				
All organizations	168,934	104,970	85,285	77,053	81,821
State and county mental hospitals	134,185	70,584	50,589	44,558	42,427
Private psychiatric hospitals	4,237	4,401	5,074	5,578	6,010
Non–Federal general hospitals with separate psychiatric services	6,500	8,349	8,435	10,727	12,529
VA medical centers[3]	17,206	11,725	10,628	7,591	7,425
Federally funded community mental health centers	1,924	3,718	3,609	–	–
Residential treatment centers for emotionally disturbed children	4,528	5,900	6,531	6,127	5,776
All other organizations[4]	354	293	419	2,472	7,654
	Percent distribution of inpatient days				
All organizations	100.0%	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	79.4	67.2	59.3	57.8	51.8
Private psychiatric hospitals	2.5	4.2	5.9	7.2	7.3
Non–Federal general hospitals with separate psychiatric services	3.9	8.0	9.9	13.9	15.3
VA medical centers[3]	10.2	11.2	12.5	9.9	9.1
Federally funded community mental health centers	1.1	3.5	4.2	–	–
Residential treatment centers for emotionally disturbed children	2.7	5.6	7.7	8.0	7.1
All other organizations[4]	0.2	0.3	0.5	3.2	9.4
	Inpatient days per 1,000 civilian population				
All organizations	848.5	496.6	386.0	338.5	352.0
State and county mental hospitals	674.0	333.9	227.1	195.7	182.6
Private psychiatric hospitals	21.3	20.8	22.8	24.5	25.9
Non–Federal general hospitals with separate psychiatric services	32.6	39.5	39.3	47.1	53.7
VA medical centers[3]	86.4	55.5	49.5	33.3	32.0
Federally funded community mental health centers	9.7	17.6	16.2	–	–
Residential treatment centers for emotionally disturbed children	22.7	27.9	29.3	26.9	24.9
All other organizations[4]	1.8	1.4	1.8	10.9	32.9

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]The population used in the calculation of these rates is the January 1 civilian population of the United States for the respective years.

[2]For the most recent years shown in these tables (1981–82 and 1983–84), some organizations were reclassified as a result of changes in reporting procedures and definitions. For the 1979–80 and 1981–82 years, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979–80, 1981–82, and 1983–84 data, and those from earlier years. For details, see text and appendix A.

[3]Includes VA neuropsychiatric hospitals and VA general hospital psychiatric services.

[4]Includes freestanding psychiatric partial care organizations and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984. For details, see text and appendix A.

Table 2.6. Average daily inpatient and residential treatment census and percent occupancy, by type of mental health organization: United States, selected years 1969–83[1]

Type of organization	1969	1975	1979	1981	1983
			Average daily inpatient census		
All organizations	468,831	287,588	233,384	211,024	224,169
State and county mental hospitals	367,629	193,380	138,600	122,073	116,236
Private psychiatric hospitals	11,608	12,058	13,901	15,281	16,467
Non-Federal general hospitals with separate psychiatric services	17,808	22,874	23,110	29,307	34,328
VA medical centers[2]	47,140	32,123	28,693	20,798	20,342
Federally funded community mental health centers	5,270	10,186	9,886	–	–
Residential treatment centers for emotionally disturbed children	12,406	16,164	18,054	16,786	15,826
All other organizations[3]	970	803	1,140	6,779	20,970
			Percent occupancy[4]		
All organizations	88.2%	84.4%	85.0%	85.3%	85.3%
State and county mental hospitals	89.4	87.0	88.6	87.1	89.1
Private psychiatric hospitals	81.2	74.9	81.0	80.4	76.7
Non-Federal general hospitals with separate psychiatric services	79.5	79.7	78.6	80.2	74.6
VA medical centers[2]	93.0	89.4	84.9	84.3	86.4
Federally funded community mental health centers	65.0	59.8	60.8	–	–
Residential treatment centers for emotionally disturbed children	82.0	89.7	89.4	90.9	94.5
All other organizations[3]	81.0	80.9	79.6	79.6	85.8

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]For the most recent years shown in these tables (1981–82 and 1983–84), some organizations were reclassified as a result of changes in reporting procedures and definitions. For the 1979–80 and 1981–82 years, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979–80, 1981–82, and 1983–84 data, and those from earlier years. For details, see text and appendix A.

[2]Includes VA neuropsychiatric hospitals and VA general hospital psychiatric services.

[3]Includes freestanding psychiatric partial care organizations and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984. For details, see text and appendix A.

[4]Percent occupancy that exceeds 100 percent results from fact that average daily census throughout the year exceeds the number of beds at end of year.

Table 2.7. Number of inpatients and residential treatment residents at end of year, percent distribution, and rate per 100,000 civilian population,[1] by type of mental health organization: United States, selected years 1969–83[2]

Type of organization	1969	1975	1979	1981	1983
			Number of inpatients at end of year		
All organizations	471,451	284,158	230,216	214,065	224,347
State and county mental hospitals	369,969	193,436	140,355	125,246	117,084
Private psychiatric hospitals	10,963	11,576	12,921	15,123	16,079
Non-Federal general hospitals with separate psychiatric services	17,808	18,851	18,753	28,736	32,127
VA medical centers[3]	51,696	31,850	28,693	21,010	20,187
Federally funded community mental health centers	5,270	10,818	10,112	–	–
Residential treatment centers for emotionally disturbed children	13,489	16,307	18,276	16,761	15,791
All other organizations[4]	2,256	1,320	1,076	7,189	23,079
			Percent distribution of inpatients		
All organizations	100.0%	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	78.4	68.1	61.0	58.5	52.2
Private psychiatric hospitals	2.3	4.1	5.6	7.1	7.2
Non-Federal general hospitals with separate psychiatric services	3.8	6.6	8.2	13.4	14.3
VA medical centers[3]	11.0	11.2	12.5	9.8	9.0
Federally funded community mental health centers	1.1	3.8	4.4	–	–
Residential treatment centers for emotionally disturbed children	2.9	5.7	7.9	7.8	7.0
All other organizations[4]	0.5	0.5	0.4	3.4	10.3
			Inpatients per 100,000 civilian population		
All organizations	236.8	134.4	103.9	93.5	96.5
State and county mental hospitals	185.8	91.5	63.0	54.7	50.4
Private psychiatric hospitals	5.5	5.5	5.8	6.6	6.9
Non-Federal general hospitals with separate psychiatric services	8.9	8.9	8.6	12.6	13.8
VA medical centers[3]	26.0	15.1	13.3	9.2	8.7
Federally funded community mental health centers	2.7	5.1	4.5	–	–
Residential treatment centers for emotionally disturbed children	6.8	7.7	8.2	7.3	6.8
All other organizations[4]	1.1	0.6	0.5	3.1	9.9

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]The population used in the calculation of these rates is the January 1 civilian population of the United States for the respective years.

[2]For the most recent years shown in these tables (1981–82 and 1983–84), some organizations were reclassified as a result of changes in reporting procedures and definitions. For the 1979–80 and 1981–82 years, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979–80, 1981–82, and 1983–84 data, and those from earlier years. For details, see text and appendix A.

[3]Includes VA neuropsychiatric hospitals and VA general hospital psychiatric services.

[4]Includes freestanding psychiatric partial care organizations and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984. For details, see text and appendix A.

Table 2.8. Number of outpatient additions, percent distribution, and rate per 100,000 civilian population,[1] by type of mental health organization: United States, selected years 1969–83[2]

Type of organization	1969	1975	1979	1981	1983
			Number of outpatient additions		
All organizations	1,146,612	2,289,779	2,634,727	NA	2,665,943
State and county mental hospitals	164,232	146,078	81,919	73,265	84,309
Private psychiatric hospitals	25,540	32,879	30,004	69,660	77,589
Non–Federal general hospitals with separate psychiatric services	170,558	254,665	224,284	323,341	469,499
VA medical centers[3]	16,790	93,935	120,243	NA	103,377
Federally funded community mental health centers	176,659	784,638	1,222,305	–	–
Residential treatment centers for emotionally disturbed children	7,920	19,784	19,653	20,947	32,769
Freestanding psychiatric outpatient clinics	538,426	870,649	825,046	1,306,451	538,312
All other organizations[4]	46,487	87,151	111,273	541,846	1,360,088
			Percent distribution of outpatient additions		
All organizations	100.0%	100.0%	100.0%	NA	100.0%
State and county mental hospitals	14.3	6.4	3.1	NA	3.2
Private psychiatric hospitals	2.2	1.4	1.1	NA	2.9
Non–Federal general hospitals with separate psychiatric services	14.9	11.1	8.5	NA	17.6
VA medical centers[3]	1.5	4.1	4.6	NA	3.9
Federally funded community mental health centers	15.4	34.3	46.5	–	–
Residential treatment centers for emotionally disturbed children	0.7	0.9	0.7	NA	1.2
Freestanding psychiatric outpatient clinics	47.0	38.0	31.3	NA	20.2
All other organizations[4]	4.0	3.8	4.2	NA	51.0
			Outpatient additions per 100,000 civilian population		
All organizations	575.9	1,083.2	1,188.4	NA	1147.5
State and county mental hospitals	82.5	69.1	36.8	32.2	36.3
Private psychiatric hospitals	12.8	15.6	13.5	30.6	33.4
Non–Federal general hospitals with separate psychiatric services	85.7	120.5	104.5	142.0	202.1
VA medical centers[3]	8.4	44.4	56.0	NA	44.5
Federally funded community mental health centers	88.7	371.2	548.6	–	–
Residential treatment centers for emotionally disturbed children	4.0	9.4	8.8	9.2	14.1
Freestanding psychiatric outpatient clinics	270.4	411.8	370.3	573.9	231.7
All other organizations[4]	23.4	41.2	49.9	238.0	585.4

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]The population used in the calculation of these rates is the January 1 civilian population of the United States for the respective years.

[2]For the most recent years shown in these tables (1981–82 and 1983–84), some organizations were reclassified as a result of changes in reporting procedures and definitions. For the 1979–80 and 1981–82 years, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979–80, 1981–82, and 1983–84 data, and those from earlier years. For details, see text and appendix A.

[3]Includes VA neuropsychiatric hospitals and VA general hospital psychiatric services.

[4]Includes freestanding psychiatric partial care organizations and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984. For details, see text and appendix A.

Table 2.9. Number of partial care additions, percent distribution, and rate per 100,000 civilian population,[1] by type of mental health organization: United States, selected years 1969–83[2]

Type of organization	1969	1975	1979	1981	1983
	Number of partial care additions				
All organizations	55,486	163,326	172,331	NA	177,332
State and county mental hospitals	10,505	14,205	9,808	8,302	3,750
Private psychiatric hospitals	2,872	3,165	3,467	6,122	5,642
Non–Federal general hospitals with separate psychiatric services	18,094	14,216	12,724	38,084	45,926
VA medical centers[3]	3,500	7,788	6,978	NA	10,189
Federally funded community mental health centers	13,011	94,092	98,332	–	–
Residential treatment centers for emotionally disturbed children	671	3,431	2,519	2,232	3,380
Freestanding psychiatric outpatient clinics	4,387	21,928	29,587	59,988	5,451
All other organizations[4]	2,446	4,501	8,916	32,250	102,994
	Percent distribution of partial care additions				
All organizations	100.0%	100.0%	100.0%	NA	100.0%
State and county mental hospitals	18.9	8.7	5.7	NA	2.1
Private psychiatric hospitals	5.2	1.9	2.0	NA	3.2
Non–Federal general hospitals with separate psychiatric services	32.6	8.7	7.4	NA	25.9
VA medical centers[3]	6.3	4.8	4.0	NA	5.7
Federally funded community mental health centers	23.5	57.6	57.0	–	–
Residential treatment centers for emotionally disturbed children	1.2	2.1	1.5	NA	1.9
Freestanding psychiatric outpatient clinics	7.9	13.4	17.2	NA	3.1
All other organizations[4]	4.4	2.8	5.2	NA	58.1
	Partial care additions per 100,000 civilian population				
All organizations	27.8	77.2	77.6	NA	76.3
State and county mental hospitals	5.3	6.7	4.4	3.6	1.6
Private psychiatric hospitals	1.4	1.5	1.6	2.7	2.4
Non–Federal general hospitals with separate psychiatric services	9.1	6.7	5.9	16.7	19.8
VA medical centers[3]	1.8	3.7	3.2	NA	4.4
Federally funded community mental health centers	6.5	44.5	44.1	–	–
Residential treatment centers for emotionally disturbed children	0.3	1.6	1.1	1.0	1.5
Freestanding psychiatric outpatient clinics	2.2	10.4	13.3	26.3	2.3
All other organizations[4]	1.2	2.1	4.0	14.2	44.3

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]The population used in the calculation of these rates is the January 1 civilian population of the United States for the respective years.

[2]For the most recent years shown in these tables (1981–82 and 1983–84), some organizations were reclassified as a result of changes in reporting procedures and definitions. For the 1979–80 and 1981–82 years, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979–80, 1981–82, and 1983–84 data, and those from earlier years. For details, see text and appendix A.

[3]Includes VA neuropsychiatric hospitals and VA general hospital psychiatric services.

[4]Includes freestanding psychiatric partial care organizations and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984. For details, see text and appendix A.

Table 2.10. Number and percent distribution of full-time equivalent staff in mental health organizations, by discipline: United States, selected years 1976–84[1]

Staff discipline	1976[2]	1978[2]	1984[1, 2]
	Number of FTE staff		
All staff	375,984	430,051	440,925
Patient care staff	241,265	292,699	313,243
Professional patient care staff	100,886	153,598	202,474
Psychiatrists	12,938	14,492	18,482
Other physicians	3,991	3,034	3,485
Psychologists[3]	9,443	16,501	21,052
Social workers	17,687	28,125	36,397
Registered nurses	31,110	42,399	54,406
Other mental health professionals (B.A. and above)	17,514	39,363	48,081
Physical health professionals and assistants	8,203	9,684	20,571
Other mental health workers (less than B.A.)	140,379	139,101	110,769
Administrative, clerical, and maintenance staff	134,719	137,352	127,682
	Percent distribution of FTE staff		
All staff	100.0%	100.0%	100.0%
Patient care staff	64.2	68.1	71.0
Professional patient care staff	26.9	35.8	45.9
Psychiatrists	3.4	3.4	4.2
Other physicians	1.1	0.7	0.8
Psychologists[3]	2.5	3.8	4.8
Social workers	4.7	6.5	8.2
Registered nurses	8.3	9.9	12.3
Other mental health professionals (B.A. and above)	4.7	9.2	10.9
Physical health professionals and assistants	2.2	2.3	4.7
Other mental health workers (less than B.A.)	37.3	32.3	25.1
Administrative, clerical, and maintenance staff	35.8	31.9	29.0

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]For the most recent year shown in this table (1984), some organizations were reclassified as a result of changes in reporting procedures and definitions. For details, see text and appendix A.

[2]Includes data for CMHCs in 1976 and 1978. In 1984, these staff are subsumed under other organization types. Data for CMHCs are not shown separately.

[3]For 1976–78, this category included all psychologists with a B.A. degree and above; for 1984, it included only psychologists with an M.A. degree and above.

Table 2.10a. Number and percent distribution of full-time equivalent staff in State and county mental hospitals, by discipline: United States, selected years 1972–84

Staff discipline	1972	1976	1978	1982	1984
			Number of FTE staff		
All staff	223,886	219,006	205,289	190,266	180,139
Patient care staff	138,307	141,127	131,187	124,164	117,630
Professional patient care staff	38,516	46,596	45,131	48,224	51,290
Psychiatrists	4,389	4,333	3,712	3,866	4,108
Other physicians	2,440	2,047	1,809	2,012	1,888
Psychologists[1]	2,484	3,039	3,149	3,196	3,239
Social workers	5,324	5,948	5,924	6,276	6,175
Registered nurses	13,353	15,098	14,859	15,613	16,051
Other mental health professionals (B.A. and above)	5,890	10,551	10,492	9,179	10,297
Physical health professionals and assistants	4,636	5,580	5,186	8,082	9,532
Other mental health workers (less than B.A.)	99,791	94,531	86,056	75,940	66,340
Administrative, clerical, and maintenance staff	85,579	77,879	74,102	66,102	62,509
			Percent distribution of FTE staff		
All staff	100.0%	100.0%	100.0%	100.0%	100.0%
Patient care staff	61.8	64.4	63.9	65.3	65.3
Professional patient care staff	17.3	21.2	21.9	25.3	28.5
Psychiatrists	2.0	2.0	1.8	2.0	2.3
Other physicians	1.1	0.9	0.9	1.1	1.0
Psychologists[1]	1.1	1.4	1.5	1.7	1.8
Social workers	2.4	2.7	2.9	3.3	3.4
Registered nurses	6.0	6.9	7.2	8.2	8.9
Other mental health professionals (B.A. and above)	2.6	4.8	5.1	4.8	5.7
Physical health professionals and assistants	2.1	2.5	2.5	4.2	5.4
Other mental health workers (less than B.A.)	44.5	43.2	42.0	40.0	36.8
Administrative, clerical, and maintenance staff	38.2	35.6	36.1	34.7	34.7

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]For 1972–78, this category included all psychologists with a B.A. degree and above; for 1982 and 1984, it included only psychologists with an M.A. degree and above.

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]For 1972–78, this category included all psychologists with a B.A. degree and above; for 1982 and 1984, it included only psychologists with an M.A. degree and above.

Table 2.10b. Number and percent distribution of full-time equivalent staff in private psychiatric hospitals, by discipline: United States, selected years 1972–84

Staff discipline	1972	1976	1978	1982	1984
			Number of FTE staff		
All staff	21,504	27,655	29,972	38,125	42,202
Patient care staff	11,329	17,196	18,728	24,068	26,359
Professional patient care staff	5,735	9,879	11,419	17,388	19,524
Psychiatrists	1,067	1,369	1,285	1,446	1,447
Other physicians	101	162	185	225	132
Psychologists[1]	305	559	590	1,030	1,461
Social workers	418	784	920	1,774	2,179
Registered nurses	2,634	3,395	3,967	5,705	6,818
Other mental health professionals (B.A. and above)	857	2,794	3,644	5,629	5,415
Physical health professionals and assistants	353	816	828	1,579	2,072
Other mental health workers (less than B.A.)	5,594	7,317	7,309	6,680	6,835
Administrative, clerical, and maintenance staff	10,175	10,459	11,244	14,057	15,843
			Percent distribution of FTE staff		
All staff	100.0%	100.0%	100.0%	100.0%	100.0%
Patient care staff	52.7	62.2	62.6	63.1	62.5
Professional patient care staff	26.6	35.8	38.2	45.7	46.3
Psychiatrists	5.0	5.0	4.3	3.8	3.4
Other physicians	0.5	0.6	0.6	0.6	0.3
Psychologists[1]	1.4	2.0	2.0	2.7	3.5
Social workers	1.9	2.8	3.1	4.7	5.2
Registered nurses	12.2	12.3	13.2	15.0	16.2
Other mental health professionals (B.A. and above)	4.0	10.1	12.2	14.8	12.8
Physical health professionals and assistants	1.6	3.0	2.8	4.1	4.9
Other mental health workers (less than B.A.)	26.1	26.4	24.4	17.4	16.2
Administrative, clerical, and maintenance staff	47.3	37.8	37.4	36.9	37.5

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]For 1972–78, this category included all psychologists with a B.A. degree and above; for 1982 and 1984, it included only psychologists with an M.A. degree and above.

Table 2.10c. Number and percent distribution of full-time equivalent staff in non-Federal general hospitals with separate psychiatric services, by discipline: United States, selected years 1972–84[1]

Staff discipline	1972	1976	1978	1982	1984
			Number of FTE staff		
All staff	30,982	39,621	40,908	58,557	68,047
Patient care staff	25,385	33,969	34,966	50,057	59,848
Professional patient care staff	15,565	21,231	22,401	NA	46,335
Psychiatrists	3,394	3,933	3,583	4,982	6,679
Other physicians	452	180	237	295	798
Psychologists[2]	1,100	1,356	1,512	2,794	3,283
Social workers	1,904	2,515	2,552	4,313	4,898
Registered nurses	6,922	9,445	10,611	17,294	20,454
Other mental health professionals (B.A. and above)	1,519	3,394	3,583		7,485
Physical health professionals and assistants	274	408	323	20,379	2,738
Other mental health workers (less than B.A.)	10,270	12,738	12,565		13,513
Administrative, clerical, and maintenance staff	5,147	5,652	5,942	8,500	8,199
			Percent distribution of FTE staff		
All staff	100.0%	100.0%	100.0%	100.0%	100.0%
Patient care staff	83.4	85.7	85.5	85.5	88.0
Professional patient care staff	50.3	53.5	54.8	NA	68.1
Psychiatrists	11.0	9.9	8.8	8.5	9.8
Other physicians	1.5	0.5	0.6	0.5	1.2
Psychologists[2]	3.6	3.4	3.7	4.8	4.8
Social workers	6.1	6.3	6.2	7.4	7.2
Registered nurses	22.3	23.8	25.9	29.5	30.1
Other mental health professionals (B.A. and above)	4.9	8.6	8.8		11.0
Physical health professionals and assistants	0.9	1.0	0.8	34.8	4.0
Other mental health workers (less than B.A.)	33.1	32.2	30.7		19.9
Administrative, clerical, and maintenance staff	16.6	14.3	14.5	14.5	12.0

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]For the most recent years shown in this table, some organizations were reclassified as a result, changes in reporting procedure and definition. For details, see text and appendices.

[2]1972–78, this category included all psychologists with a B.A. degree and above; for 1982 and 1984, it included only psychologists with an M.A. degree and above.

Table 2.10d. Number and percent distribution of full-time equivalent staff in Veterans Administration medical centers, by discipline: United States, selected years 1972–84[1]

Staff discipline	1972	1976	1978	1982	1984
			Number of FTE staff		
All staff	42,152	39,963	40,785	41,449	30,337
Patient care staff	24,523	25,226	26,282	27,435	22,948
Professional patient care staff	12,315	13,129	13,954	15,238	16,265
Psychiatrists	902	1,320	1,471	1,745	2,463
Other physicians	626	504	531	509	423
Psychologists[1]	895	1,134	1,255	1,392	1,247
Social workers	1,098	1,412	1,620	1,611	1,545
Registered nurses	4,713	4,503	5,326	5,814	5,699
Other mental health professionals (B.A. and above)	1,497	1,812	1,748	1,868	1,377
Physical health professionals and assistants	2,584	2,444	2,003	2,299	3,511
Other mental health workers (less than B.A.)	12,208	12,097	12,328	12,197	6,683
Administrative, clerical, and maintenance staff	17,629	14,737	14,503	14,014	7,389
			Percent distribution of FTE staff		
All staff	100.0%	100.0%	100.0%	100.0%	100.0%
Patient care staff	58.2	63.1	64.4	66.2	75.6
Professional patient care staff	29.2	32.8	34.2	36.8	53.6
Psychiatrists	2.1	3.3	3.6	4.2	8.1
Other physicians	1.5	1.3	1.3	1.2	1.4
Psychologists[1]	2.1	2.8	3.1	3.4	4.1
Social workers	2.6	3.5	4.0	3.9	5.1
Registered nurses	11.2	11.3	13.1	14.0	18.8
Other mental health professionals (B.A. and above)	3.6	4.5	4.3	4.5	4.5
Physical health professionals and assistants	6.1	6.3	4.8	5.6	11.6
Other mental health workers (less than B.A.)	29.0	30.3	30.2	29.4	22.0
Administrative, clerical, and maintenance staff	41.8	36.9	35.6	33.8	24.4

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]For 1972–78, this category included all psychologists with a B.A. degree and above; for 1982 and 1984, it included only psychologists with an M.A. degree and above.

Table 2.10e. Number and percent distribution of full-time equivalent staff in residential treatment centers for emotionally disturbed children, by discipline: United States, selected years 1972–84

Staff discipline	1972	1976	1978	1982	1984
			Number of FTE staff		
All staff	17,025	19,352	22,443	22,494	21,211
Patient care staff	11,299	13,824	16,464	16,311	15,297
Professional patient care staff	6,738	8,990	10,824	10,901	10,551
Psychiatrists	147	149	140	153	240
Other physicians	34	27	22	38	42
Psychologists[1]	354	434	497	604	820
Social workers	1,653	1,778	2,196	2,100	2,283
Registered nurses	244	301	324	477	485
Other mental health professionals (B.A. and above)	4,177	6,072	7,359	6,948	6,159
Physical health professionals and assistants	129	229	286	581	522
Other mental health workers (less than B.A.)	4,561	4,834	5,640	5,410	4,746
Administrative, clerical, and maintenance staff	5,726	5,528	5,979	6,183	5,914
			Percent distribution of FTE staff		
All staff	100.0%	100.0%	100.0%	100.0%	100.0%
Patient care staff	66.4	71.4	73.3	72.5	72.1
Professional patient care staff	39.6	46.4	48.2	48.4	49.7
Psychiatrists	0.9	0.8	0.6	0.7	1.1
Other physicians	0.2	0.1	0.1	0.2	0.2
Psychologists[1]	2.1	2.2	2.2	2.7	3.9
Social workers	9.7	9.2	9.8	9.3	10.8
Registered nurses	1.4	1.6	1.4	2.1	2.2
Other mental health professionals (B.A. and above)	24.5	31.4	32.8	30.9	29.0
Physical health professionals and assistants	0.8	1.1	1.3	2.5	2.5
Other mental health workers (less than B.A.)	26.8	25.0	25.1	24.1	22.4
Administrative, clerical, and maintenance staff	33.6	28.6	26.7	27.5	27.9

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]For 1972–78, this category included all psychologists with a B.A. degree and above; for 1982 and 1984, it included only psychologists with an M.A. degree and above.

Table 2.10f. Number and percent distribution of full-time equivalent staff in freestanding outpatient psychiatric clinics, by discipline: United States, selected years 1972–84

Staff discipline	1972	1976	1978	1982	1984
			Number of FTE staff		
All staff	15,780	23,099	26,502	48,076	13,973
Patient care staff	11,157	16,706	18,945	32,800	10,069
Professional patient care staff	10,021	14,536	16,505	28,537	9,413
Psychiatrists	1,456	1,449	1,413	1,952	704
Other physicians	97	76	65	119	47
Psychologists[1]	2,498	3,704	4,115	6,093	2,331
Social workers	4,246	5,755	6,513	10,653	4,307
Registered nurses	522	830	882	2,162	376
Other mental health professionals (B.A. and above)	1,133	2,509	3,282	6,858	1,354
Physical health professionals and assistants	69	213	235	700	294
Other mental health workers (less than B.A.)	1,136	2,170	2,440	4,263	656
Administrative, clerical, and maintenance staff	4,623	6,393	7,557	15,276	3,904
			Percent distribution of FTE staff		
All staff	100.0%	100.0%	100.0%	100.0%	100.0%
Patient care staff	70.7	72.3	71.4	68.2	72.1
Professional patient care staff	63.4	62.9	62.2	59.5	67.4
Psychiatrists	9.2	6.3	5.3	4.1	5.0
Other physicians	0.6	0.3	0.2	0.2	0.3
Psychologists[1]	15.8	16.0	15.5	12.7	16.7
Social workers	26.9	24.9	24.6	22.2	30.8
Registered nurses	3.3	3.6	3.3	4.5	2.7
Other mental health professionals (B.A. and above)	7.2	10.9	12.4	14.3	9.7
Physical health professionals and assistants	0.4	0.9	0.9	1.5	2.1
Other mental health workers (less than B.A.)	7.3	9.4	9.2	8.7	4.7
Administrative, clerical, and maintenance staff	29.3	27.7	28.6	31.8	27.9

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]For 1972–78, this category included all psychologists with a B.A. degree and above; for 1982 and 1984, it included only psychologists with an M.A. degree and above.

Table 2.10g. Number and percent distribution of full-time equivalent staff in freestanding partial care and multiservice mental health organizations, by discipline: United States, selected years 1974–84[1]

Staff discipline	1974	1976	1978	1982[1]	1984[1]
			Number of FTE staff		
All staff	4,994	5,273	6,928	32,895	85,016
Patient care staff	3,674	3,708	4,916	23,824	61,092
Professional patient care staff	2,858	2,829	3,758	17,953	49,096
Psychiatrists	359	343	368	1,187	2,841
Other physicians	30	59	18	113	155
Psychologists[2]	313	361	450	2,883	8,671
Social workers	733	735	1,080	4,505	15,010
Registered nurses	436	409	473	2,199	4,523
Other mental health professionals (B.A. and above)	845	845	1,239	5,990	15,994
Physical health professionals and assistants	142	77	130	1,076	1,902
Other mental health workers (less than B.A.)	816	879	1,158	5,871	11,996
Administrative, clerical, and maintenance staff	1,319	1,565	2,012	9,071	23,924
			Percent distribution of FTE staff		
All staff	100.0%	100.0%	100.0%	100.0%	100.0%
Patient care staff	73.5	70.3	71.0	72.4	71.9
Professional patient care staff	57.2	53.6	54.3	54.6	57.7
Psychiatrists	7.2	6.5	5.3	3.6	3.3
Other physicians	0.6	1.1	0.3	0.3	0.2
Psychologists[2]	6.3	6.8	6.5	8.8	10.2
Social workers	14.7	13.9	15.6	13.7	17.7
Registered nurses	8.7	7.8	6.8	6.7	5.3
Other mental health professionals (B.A. and above)	16.9	16.0	17.9	18.2	18.8
Physical health professionals and assistants	2.8	1.5	1.9	3.3	2.2
Other mental health workers (less than B.A.)	16.3	16.7	16.7	17.8	14.1
Administrative, clerical, and maintenance staff	26.5	29.7	29.0	27.6	28.1

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]For the most recent years shown in this table, some organizations were reclassified as a result of changes in reporting procedures and definitions. For details, see text and appendix A.

[2]For 1972–78, this category included all psychologists with a B.A. degree and above; for 1982 and 1984, it included only psychologists with an M.A. degree and above.

Table 2.11. Number and percent distribution of patient care staff[1] in mental health organizations, by discipline and employment status: United States, August 1984

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Students, trainees, residents and interns
	Number of patient care staff			
Patient care staff[1]	356,887	276,864	58,976	21,047
Psychiatrists	26,531	9,816	10,329	6,386
Other physicians	5,330	2,006	2,180	1,144
Psychologists	25,821	16,879	5,640	3,302
Social workers	42,441	33,058	6,826	2,557
Registered nurses	62,368	48,183	12,582	1,603
Other patient care staff[2]	194,396	166,922	21,419	6,055
	Percent distribution of patient care staff			
Patient care staff[1]	100.0%	77.6	16.5	5.9
Psychiatrists	100.0%	37.0	38.9	24.1
Other physicians	100.0%	37.6	40.9	21.5
Psychologists	100.0%	65.4	21.8	12.8
Social workers	100.0%	77.9	16.1	6.0
Registered nurses	100.0%	77.3	20.1	2.6
Other patient care staff[2]	100.0%	85.9	11.0	3.1

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]Excludes administrative, clerical, and maintenance staff.

[2]Includes other mental health professionals, B.A. and above; other mental health workers, less than B.A.; and physical health professionals and assistants.

Table 2.11a. Number and percent distribution of staff in State and county mental hospitals, by discipline and employment status: United States, August 1984

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Students, trainees, residents and interns
	Number of staff			
All staff	189,118	175,620	9,994	3,504
Patient care staff	123,524	113,762	6,323	3,439
Professional patient care staff	55,356	49,010	4,536	1,810
Psychiatrists	4,896	3,137	929	830
Other physicians	2,453	1,509	772	172
Psychologists	3,571	2,884	369	318
Social workers	6,465	6,100	284	81
Registered nurses	17,011	15,680	1,155	176
Other mental health professionals (B.A. and above)	10,787	10,269	411	107
Physical health professionals and assistants	10,173	9,431	616	126
Other mental health workers (less than B.A.)	68,168	64,752	1,787	1,629
Administrative, clerical, and maintenance staff	65,594	61,858	3,671	65
	Percent distribution of staff			
All staff	100.0%	92.9	5.3	1.8
Patient care staff	100.0%	92.1	5.1	2.8
Professional patient care staff	100.0%	88.5	8.2	3.3
Psychiatrists	100.0%	64.1	19.0	16.9
Other physicians	100.0%	61.5	31.5	7.0
Psychologists	100.0%	80.8	10.3	8.9
Social workers	100.0%	94.3	4.4	1.3
Registered nurses	100.0%	92.2	6.8	1.0
Other mental health professionals (B.A. and above)	100.0%	95.2	3.8	1.0
Physical health professionals and assistants	100.0%	92.7	6.1	1.2
Other mental health workers (less than B.A.)	100.0%	95.0	2.6	2.4
Administrative, clerical, and maintenance staff	100.0%	94.3	5.6	0.1

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

Table 2.11b. Number and percent distribution of staff in private psychiatric hospitals, by discipline and employment status: United States, August 1984

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Students, trainees, residents and interns
	Number of staff			
All staff	48,014	37,099	9,819	1,096
Patient care staff	30,750	22,491	7,195	1,064
Professional patient care staff	22,907	16,443	5,528	936
Psychiatrists	1,895	882	720	293
Other physicians	339	60	264	15
Psychologists	1,791	1,091	419	281
Social workers	2,417	2,013	344	60
Registered nurses	8,026	5,719	2,189	118
Other mental health professionals (B.A. and above)	6,000	4,853	1,025	122
Physical health professionals and assistants	2,439	1,825	567	47
Other mental health workers (less than B.A.)	7,843	6,048	1,667	128
Administrative, clerical, and maintenance staff	17,264	14,608	2,624	32
	Percent distribution of staff			
All staff	100.0%	77.3	20.4	2.3
Patient care staff	100.0%	73.1	23.4	3.5
Professional patient care staff	100.0%	71.8	24.1	4.1
Psychiatrists	100.0%	46.5	38.0	15.5
Other physicians	100.0%	17.7	77.9	4.4
Psychologists	100.0%	60.9	23.4	15.7
Social workers	100.0%	83.3	14.2	2.5
Registered nurses	100.0%	71.2	27.3	1.5
Other mental health professionals (B.A. and above)	100.0%	80.9	17.1	2.0
Physical health professionals and assistants	100.0%	74.8	23.3	1.9
Other mental health workers (less than B.A.)	100.0%	77.1	21.3	1.6
Administrative, clerical, and maintenance staff	100.0%	84.6	15.2	0.2

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

Table 2.11c. Number and percent distribution of patient care staff in non-Federal general hospitals with separate psychiatric services, by discipline and employment status: United States, June 1984

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Students, trainees, residents and interns
	Number of patient care staff			
Patient care staff[1]	73,643	44,837	20,124	8,682
Psychiatrists	9,330	2,489	2,832	4,009
Other physicians	1,316	73	497	746
Psychologists	4,158	2,084	1,228	846
Social workers	6,011	4,035	1,406	570
Registered nurses	24,802	16,620	7,342	840
Other patient care staff[2]	28,026	19,536	6,819	1,671
	Percent distribution of patient care staff			
Patient care staff[1]	100.0%	60.9	27.3	11.8
Psychiatrists	100.0%	26.7	30.3	43.0
Other physicians	100.0%	5.5	37.8	56.7
Psychologists	100.0%	50.1	29.5	20.4
Social workers	100.0%	67.1	23.4	9.5
Registered nurses	100.0%	67.0	29.6	3.4
Other patient care staff[2]	100.0%	69.7	24.3	6.0

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]Excludes administrative, clerical, and maintenance staff.

[2]Includes other mental health professionals, B.A. and above; other mental health workers, less than B.A.; and physical health professionals and assistants.

Table 2.11d. Number and percent distribution of patient care staff in Veterans Administration medical centers, by discipline and employment status: United States, August 1984

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Students, trainees, residents and interns
	Number of patient care staff			
Patient care staff[1]	23,222	19,565	1,904	1,753
Psychiatrists	2,741	1,466	620	655
Other physicians	460	265	60	135
Psychologists	1,281	872	128	281
Social workers	1,565	1,302	93	170
Registered nurses	5,966	5,307	441	218
Other patient care staff[2]	11,209	10,353	562	294
	Percent distribution of patient care staff			
Patient care staff[1]	100.0%	84.3	8.2	7.5
Psychiatrists	100.0%	53.5	22.6	23.9
Other physicians	100.0%	57.6	13.0	29.4
Psychologists	100.0%	68.1	10.0	21.9
Social workers	100.0%	83.2	5.9	10.9
Registered nurses	100.0%	89.0	7.3	3.7
Other patient care staff[2]	100.0%	92.4	5.0	2.6

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]Excludes administrative, clerical, and maintenance staff.

[2]Includes other mental health professionals, B.A. and above; other mental health workers, less than B.A.; and physical health professionals and assistants.

Table 2.11e. Number and percent distribution of staff in residential treatment centers for emotionally disturbed children, by discipline and employment status: United States, August 1984

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Students, trainees, residents and interns
	Number of staff			
All staff	23,095	19,526	3,133	436
Patient care staff	17,116	13,734	2,957	425
Professional patient care staff	11,830	9,554	1,909	367
Psychiatrists	498	102	368	28
Other physicians	135	12	121	2
Psychologists	1,043	648	311	84
Social workers	2,450	2,205	169	76
Registered nurses	618	459	141	18
Other mental health professionals (B.A. and above)	6,478	5,703	642	133
Physical health professionals and assistants	608	425	157	26
Other mental health workers (less than B.A.)	5,286	4,180	1,048	58
Administrative, clerical, and maintenance staff	5,979	5,792	176	11
	Percent distribution of staff			
All staff	100.0%	84.5	13.6	1.9
Patient care staff	100.0%	80.2	17.3	2.5
Professional patient care staff	100.0%	80.8	16.1	3.1
Psychiatrists	100.0%	20.5	73.9	5.6
Other physicians	100.0%	8.9	89.6	1.5
Psychologists	100.0%	62.1	29.8	8.1
Social workers	100.0%	90.0	6.9	3.1
Registered nurses	100.0%	74.3	22.8	2.9
Other mental health professionals (B.A. and above)	100.0%	88.0	9.9	2.1
Physical health professionals and assistants	100.0%	69.9	25.8	4.3
Other mental health workers (less than B.A.)	100.0%	79.1	19.8	1.1
Administrative, clerical, and maintenance staff	100.0%	96.9	2.9	0.2

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

Table 2.11f. Number and percent distribution of staff in freestanding outpatient psychiatric clinics, by discipline and employment status: United States, August 1984

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Students, trainees, residents and interns
	Number of staff			
All staff	20.296	11,119	6,900	2,277
Patient care staff	16,031	7,465	6,337	2,229
Professional patient care staff	15,088	6,980	5,925	2,183
Psychiatrists	2,066	156	1,597	313
Other physicians	148	28	68	52
Psychologists	3,690	1,699	1,389	602
Social workers	6,242	3,464	2,176	602
Registered nurses	554	316	188	50
Other mental health professionals (B.A. and above)	2,053	1,059	433	561
Physical health professionals and assistants	335	258	74	3
Other mental health workers (less than B.A.)	943	485	412	46
Administrative, clerical, and maintenance staff	4,265	3,654	563	48
	Percent distribution of staff			
All staff	100.0%	54.8	34.0	11.2
Patient care staff	100.0%	46.6	39.5	13.9
Professional patient care staff	100.0%	46.3	39.3	14.4
Psychiatrists	100.0%	7.5	77.3	15.2
Other physicians	100.0%	18.9	46.0	35.1
Psychologists	100.0%	46.0	37.6	16.4
Social workers	100.0%	55.5	34.9	9.6
Registered nurses	100.0%	57.0	33.9	9.1
Other mental health professionals (B.A. and above)	100.0%	51.6	21.1	27.3
Physical health professionals and assistants	100.0%	77.0	22.1	0.9
Other mental health workers (less than B.A.)	100.0%	51.4	43.7	4.9
Administrative, clerical, and maintenance staff	100.0%	85.7	13.2	1.1

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

Table 2.11g. Number and percent distribution of staff in freestanding partial care and multiservice mental health organizations, by discipline and employment status: United States, August 1984

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Students, trainees, residents and interns
	Number of staff			
All staff	96,217	78,075	14,488	3,654
Patient care staff	72,601	55,010	14,136	3,455
Professional patient care staff	58,843	44,080	11,669	3,094
Psychiatrists	5,105	1,584	3,263	258
Other physicians	479	59	398	22
Psychologists	10,287	7,601	1,796	890
Social workers	17,291	13,939	2,354	998
Registered nurses	5,391	4,082	1,126	183
Other mental health professionals (B.A. and above)	18,031	15,157	2,261	613
Physical health professionals and assistants	2,259	1,658	471	130
Other mental health workers (less than B.A.)	13,758	10,930	2,467	361
Administrative, clerical, and maintenance staff	23,616	23,065	352	199
	Percent distribution of staff			
All staff	100.0%	81.1	15.1	3.8
Patient care staff	100.0%	75.7	19.5	4.8
Professional patient care staff	100.0%	74.9	19.8	5.3
Psychiatrists	100.0%	31.0	63.9	5.1
Other physicians	100.0%	12.3	83.1	4.6
Psychologists	100.0%	73.9	17.5	8.6
Social workers	100.0%	80.6	13.6	5.8
Registered nurses	100.0%	75.7	20.9	3.4
Other mental health professionals (B.A. and above)	100.0%	84.1	12.5	3.4
Physical health professionals and assistants	100.0%	73.4	20.8	5.8
Other mental health workers (less than B.A.)	100.0%	79.4	17.9	2.7
Administrative, clerical, and maintenance staff	100.0%	97.7	1.4	0.9

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

Table 2.12a. Total expenditures in current dollars, percent distribution, and expenditures per capita civilian population[1] by type of mental health organization: United States, selected years 1969–83[2]

Type of organization	1969	1975	1979	1981	1983
			Total expenditures in thousands of dollars		
All organizations	$3,292,563	$6,564,312	$8,763,795	NA	$14,431,943
State and county mental hospitals	1,814,101	3,185,049	3,756,754	$4,492,606	5,491,473
Private psychiatric hospitals	220,026	466,720	743,037	1,113,764	1,711,907
Non-Federal general hospitals with separate psychiatric services	298,000	621,284	722,868	2,032,532	2,175,657
VA medical centers[3]	450,000	699,027	848,469	NA	1,316,127
Federally funded community mental health centers	143,491	775,580	1,480,890	–	–
Residential treatment centers for emotionally disturbed children	122,711	278,950	436,246	529,588	572,983
Freestanding psychiatric outpatient clinics	185,517	421,557	588,690	1,553,703	430,025
All other organizations[4]	58,717	116,145	186,841	963,154	2,733,771
			Percent distribution of total expenditures		
All organizations	100.0%	100.0%	100.0%	NA	100.0%
State and county mental hospitals	55.1	48.5	42.9	NA	38.0
Private psychiatric hospitals	6.7	7.1	8.5	NA	11.9
Non-Federal general hospitals with separate psychiatric services	9.0	9.5	8.2	NA	15.1
VA medical centers[3]	13.7	10.6	9.7	NA	9.1
Federally funded community mental health centers	4.4	11.8	16.9	–	–
Residential treatment centers for emotionally disturbed children	3.7	4.3	5.0	NA	4.0
Freestanding psychiatric outpatient clinics	5.6	6.4	6.7	NA	3.0
All other organizations[4]	1.8	1.8	2.1	NA	18.9
			Expenditures per capita civilian population		
All organizations	$16.53	$31.05	$39.61	NA	$62.12
State and county mental hospitals	9.11	15.06	16.86	$19.73	23.64
Private psychiatric hospitals	1.10	2.21	3.34	4.89	7.37
Non-Federal general hospitals with separate psychiatric services	1.50	2.94	3.37	8.93	9.36
VA medical centers[3]	2.26	3.31	3.95	NA	5.66
Federally funded community mental health centers	.72	3.67	6.65	–	–
Residential treatment centers for emotionally disturbed children	.62	1.32	1.96	2.33	2.47
Freestanding psychiatric outpatient clinics	.93	1.99	2.64	6.82	1.85
All other organizations[4]	.29	.55	.84	4.23	11.77

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]The population used in the calculation of these rates is the January 1 civilian population of the United States for each year.

[2]For the most recent years shown in these tables (1981–82 and 1983–84), some organizations were reclassified as a result of changes in reporting procedures and definitions. For the 1979–80, and 1981–82 years, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979–80, 1981–82, and 1983–84 data, and those from earlier years. For details, see text and appendix A.

[3]Includes VA neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

[4]Includes freestanding psychiatric partial care organizations and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984. For details, see text and appendix A.

Table 2.12b. Total expenditures in constant dollars (1969=100),[1] percent distribution, and expenditures per capita civilian population[2] by type of mental health organization: United States, selected years 1969–83[3]

Type of organization	1969	1975	1979	1981	1983
			Total expenditures in thousands of dollars		
All organizations	$3,292,563	$4,414,465	$4,145,598	NA	$4,580,116
State and county mental hospitals	1,814,101	2,141,929	1,777,083	$1,729,921	1,742,772
Private psychiatric hospitals	220,026	313,867	351,484	428,866	543,290
Non-Federal general hospitals with separate psychiatric services	298,000	417,810	341,943	782,646	690,466
VA medical centers[4]	450,000	470,092	401,357	NA	417,686
Federally funded community mental health centers	143,491	521,574	700,516	–	–
Residential treatment centers for emotionally disturbed children	122,711	187,592	206,360	203,923	181,841
Freestanding psychiatric outpatient clinics	185,517	283,495	278,472	598,268	136,473
All other organizations[5]	58,717	78,106	88,383	370,882	867,588
			Percent distribution of total expenditures		
All organizations	100.0%	100.0%	100.0%	NA	100.0%
State and county mental hospitals	55.1	48.5	42.9	NA	38.0
Private psychiatric hospitals	6.7	7.1	8.5	NA	11.9
Non-Federal general hospitals with separate psychiatric services	9.2	9.5	8.2	NA	15.1
VA medical centers[4]	13.6	10.6	9.7	NA	9.1
Federally funded community mental health centers	4.3	11.8	16.9	–	–
Residential treatment centers for emotionally disturbed children	3.7	4.3	5.0	NA	4.0
Freestanding psychiatric outpatient clinics	5.6	6.4	6.7	NA	3.0
All other organizations[5]	1.8	1.8	2.1	NA	18.9
			Expenditures per capita civilian population		
All organizations	$16.53	$20.88	$19.37	NA	$19.71
State and county mental hospitals	9.11	10.13	7.98	$7.60	7.50
Private psychiatric hospitals	1.10	1.48	1.58	1.88	2.34
Non-Federal general hospitals with separate psychiatric services	1.50	1.98	1.89	3.44	2.97
VA medical centers[4]	2.26	2.22	2.21	NA	1.80
Federally funded community mental health centers	.72	2.47	3.14	–	–
Residential treatment centers for emotionally disturbed children	.62	.89	.92	.90	.78
Freestanding psychiatric outpatient clinics	.93	1.34	1.25	2.63	.59
All other organizations[5]	.29	.37	.40	1.63	3.73

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]Based on the medical care component of the consumer price index (1969=100.0). Indices for other years are 1975 (148.7), 1979 (211.4), 1981 (259.7), (the 1981 constant dollar index in Mental Health, United States, 1985 was based on (254.9) provisional) and 1983 (315.1).

[2]The January 1 civilian population of the United States for each year is used in the calculation of these rates.

[3]For the most recent years shown in these tables (1981–82 and 1983–84), some organizations were reclassified as a result of changes in reporting procedures and definitions. For the 1979–80 and 1981–82 years, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979–80, 1981–82, and 1983–84 data, and those from earlier years. For details, see text and appendix A.

[4]Includes VA neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

[5]Includes freestanding psychiatric partial care organizations and multiservice mental health organizations. Multiservice mental health organizations were redefined in 1984. For details, see text and appendix A.

Table 2.13. Revenues[1] in thousands of dollars and percent distribution,[2] by type of mental health organization, United States, 1983

Source of revenue	Total revenues	Type of organization: State and county mental hospitals	Private psychiatric hospitals	VA medical centers	RTCs for emotionally disturbed children	Psychiatric partial care organizations	Psychiatric outpatient clinics	Multiservice mental health organizations not elsewhere classified
				Revenues in thousands of dollars				
Total revenues	$11,651,921	$5,459,260	$1,474,766	$1,193,844	$518,904	$43,312	$404,924	$2,556,911
State mental health agency funds (excluding Medicaid)	4,791,149	3,372,783	36,428	–	92,342	11,178	126,624	1,151,794
Other State government	742,232	399,998	40,768	–	84,899	8,334	30,843	177,390
Client fees received	1,460,095	90,121	1,011,119	250	49,645	1,931	60,428	246,601
Client fees that reverted to State	190,100	156,977	5,180	3	1,096	397	4,601	21,846
Medicaid (including Federal, State, and local share)	1,340,197	990,825	72,066	23	15,464	3,452	31,729	226,638
Medicare	329,046	151,715	143,628	31	1,024	800	3,871	27,977
Other Federal	1,536,214	112,119	44,921	1,193,492	11,218	1,103	12,463	160,898
Local government	816,325	130,250	27,043	11	182,470	8,713	82,596	385,242
Contract funds from other non-government organizations	117,107	28,203	29,781	9	17,269	2,715	6,201	32,929
All other sources[3]	329,456	26,269	63,832	25	63,477	4,689	45,568	125,596
				Percent distribution of revenues				
Total revenues	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
State mental health agency funds (excluding Medicaid)	41.1	61.8	2.5	–	17.8	25.8	31.3	45.0
Other State government	6.4	7.3	2.8	–	16.4	19.2	7.6	6.9
Client fees received	12.5	1.7	68.6	0.0	9.6	4.5	14.9	9.6
Client fees that reverted to State	1.6	2.8	0.4	0.0	0.0	0.9	1.1	0.9
Medicaid (including Federal, State, and local share)	11.5	18.1	4.9	0.0	3.0	8.0	7.8	8.8
Medicare	2.8	2.8	9.7	0.0	0.2	1.8	1.0	1.1
Other Federal	13.2	2.1	3.0	100.0	2.2	2.6	3.1	6.3
Local government	7.1	2.4	1.8	0.0	35.2	20.1	20.4	15.2
Contract funds from other non-government organizations	1.0	0.5	2.0	0.0	3.3	6.3	1.5	1.3
All other sources[3]	2.8	0.5	4.3	0.0	12.3	10.8	11.3	4.9

Sources: Published and unpublished inventory data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]Excludes revenues from non-Federal general hospitals with separate psychiatric services.

[2]Percentages may not add to 100% due to rounding.

[3]Includes foundation requests, individual trusts, gifts, contributions of cash or liquid assets, United Funds, Mental Health Association and other charitable campaigns, as well as investments in non-mental health enterprises (e.g., vending machines, gift shops, rental properties, restaurants and canteens, interest and dividend revenue).

Chapter 3

Use of Inpatient Psychiatric Services by Special Populations

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Introduction

An issue of considerable concern in the mental health field is the extent to which special populations receive mental health care. Although availability of services can be viewed in absolute terms, such as number and capacity of different types of organizations, these data provide no information on the use of services by specific population groups. Chapter 2 of *Mental Health, United States, 1985* (NIMH 1985) provided basic data on psychiatric inpatients in 1980. This chapter presents data on the use of inpatient psychiatric services by racial and ethnic minorities, children and youth, the elderly, Vietnam era veterans, and persons committed for care involuntarily.

Each special population is analyzed with respect to demographic, clinical, and service characteristics. For each specific subpopulation, an overview table presents the number, percent distribution, and rate of admissions per 100,000 U.S. civilian population for selected variables. Additional tables detail distribution by age, sex, race, diagnosis, and median lengths of stay. The specific content of the tables differs somewhat among the special populations to reflect particular patterns of interest. Although each section is designed to focus on one special population, tables within each section may be applicable to other special population groups in this chapter.

National estimates are presented for patients admitted in 1980 to the inpatient psychiatric services of State and county mental hospitals, private psychiatric hospitals, and Veterans Administration medical centers (VAMCs), and for patients discharged from the separate inpatient psychiatric services of non-Federal general hospitals. Since persons admitted to the separate inpatient psychiatric services of non-Federal general hospitals have relatively short lengths of inpatient stay, the detailed patient characteristics of admissions and discharges are essentially equivalent. Hence, all patients are referred to as admissions.

The data presented were collected through patient sample surveys conducted by the Survey and Reports Branch, Division of Biometry and Applied Sciences, NIMH. These surveys are based on probability samples of specialty mental health organizations and patients admitted to these organizations. The surveys collect sociodemographic, clinical, and service data on a sample of patient admissions or discharges. A detailed description of survey designs, estimation procedures, and variance calculations is provided in appendix B.

All differences reported in this chapter are statistically significant at the 0.05 level or better. Lack of comment on the difference between any two estimates does not imply that a test was completed with a finding of no statistical significance. Organizational totals may vary slightly from totals derived from the respective inventories because estimates reported here are based on samples of organizations and patients rather than on complete enumerations.

Race and Ethnicity

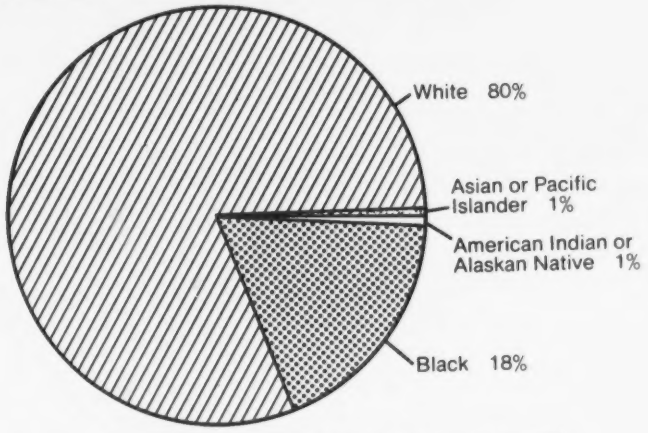
Overview

Mental health service use by different racial and ethnic groups is of considerable interest to the mental health field. Previous NIMH data have shown that publically operated hospitals tend to admit higher percentages of minorities than privately operated ones. This has differential implications with respect to the equity and comparability of services provided to the different groups. The following data describe the use of inpatient psychiatric services in 1980.

Tables 3.1 through 3.5 and figures 3.1 and 3.2 focus on the characteristics of patient admissions by race and Hispanic origin. Where possible, comparisons are made among whites, blacks, American Indians or Alaskan Natives, and Asians or Pacific Islanders, as well as persons of Hispanic origin. In tables 3.3 and 3.4, American Indians, Alaskan Na-

Figure 3.1

Percent distribution of admissions to selected inpatient psychiatric services,[1] by race: United States, 1980



[1]Includes the inpatient psychiatric services of State and county mental hospitals, private psychiatric hospitals, non-Federal general hospitals, and Veterans Administration medical centers.

tives, Asians, and Pacific Islanders were combined into the category "all other races," because of the small number of sample cases. In all tables, persons of Hispanic origin may be from any racial group.

- Of the estimated 1.3 million admissions to inpatient psychiatric services in 1980, whites comprised 80 percent; blacks, 18 percent; American Indians or Alaskan Natives, 1 percent; and Asians or Pacific Islanders, 1 percent (table 3.1 and figure 3.1). Persons of Hispanic origin comprised about 5 percent of all inpatient admissions.

- A slightly higher percentage of blacks were admitted to State and county mental hospitals than to other types of mental health organizations that offer inpatient psychiatric care (table 3.1 and figure 3.2). Although 26 percent of State and county mental hospital admissions were black, only 20, 15, and 12 percent, respectively, of the admissions to VAMCs, non-Federal general hospitals, and private psychiatric hospitals were black.

- Compared with their numbers in the U.S. civilian population, blacks and American Indians or Alaskan Natives had much higher rates of admission to State and county mental hospitals than other racial groups (table 3.1). This pattern did not exist in private psychiatric hospitals, non-Federal general hospitals, or VAMCs.

- Comparisons of admission rates across hospitals show that non-Federal general hospitals had the highest admission rates for whites and persons of Hispanic origin (table 3.1). Admission rates for all racial/ethnic groups were higher in State and county mental hospitals than in private psychiatric hospitals and VAMCs.

Sex and Age

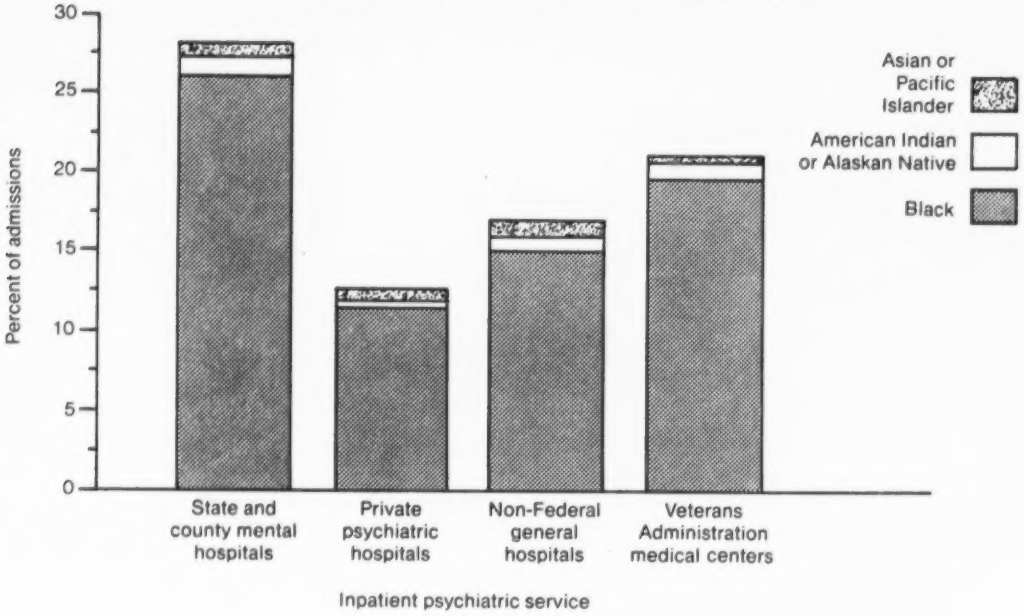
- As expected, where comparisons could be made, males had much higher admission rates to VAMCs than females, regardless of race or ethnicity (table 3.2). For whites, blacks, and persons of Hispanic origin, male admission rates were also higher than female admission rates to State and county mental hospitals. Admission rates to private psychiatric hospitals and non-Federal general hospitals, however, were generally equal for both sexes.

- Comparisons of admission rates across hospitals show that for white, black, and Hispanic females, as well as for white males, admission rates were highest to non-Federal general hospitals (table 3.2). Among black males, admission rates were highest to State and county mental hospitals (513 per 100,000 civilian population). For Hispanic males and American Indians or Alaskan Natives of either sex, admission rates were lowest to private psychiatric hospitals.

- Among Asian or Pacific Islander males, admission rates were higher to State and county mental hospitals and non-Federal general hospitals than to private psychiatric hospitals and VAMCs (table 3.2). Asian or Pacific Islander females had higher admission rates to non-Federal general hospitals than to private psychiatric hospitals.

Figure 3.2

Percent distribution of admissions, by racial minority and type of inpatient psychiatric service: United States, 1980



- Among blacks admitted to State and county mental hospitals, private psychiatric hospitals, and non-Federal general hospitals, the rates of admission were highest for the 18–24 and 25–44 age groups (table 3.3). The admission rates were also highest for these two age groups among whites admitted to State and county mental hospitals. Similarly, in non-Federal general hospitals, the highest rates among white admissions were in the 25–44 age group.

- Among blacks and persons of Hispanic origin, those in the 25–44 age group had the highest admission rates to VAMCs, followed by those in the 45–64 age group (table 3.3). By comparison, among whites, persons between ages 45 and 64 had the highest admission rates in this setting.

- Comparisons across hospitals reveal that whites within each age group had the highest admission rates to non-Federal general hospitals, compared with whites admitted to other settings (table 3.3).

Diagnostic Characteristics[1,2]

- In State and county mental hospitals, schizophrenia was the most frequent diagnosis among whites, blacks, and persons of Hispanic origin (table 3.4). Among whites admitted to this setting, alcohol-related disorders ranked second, and affective disorders ranked third in frequency. Schizophrenia was more prominent among black admissions than white; over one-half of blacks admitted to this setting were diagnosed with schizophrenia.

- Affective disorders were the most frequent diagnoses among whites admitted to private psychiatric hospitals (table 3.4). Among blacks, persons from other races, and persons of Hispanic origin, significant differences were not found in the relative frequencies of affective disorders and schizophrenia. However, differences in diagnostic distributions were particularly pronounced between blacks and whites. Although 31 percent of blacks received diagnoses of affective disorders, and 36 percent, schizophrenia, 44 percent of whites received diagnoses of affective disorders, and only 19 percent, schizophrenia.

- As in private psychiatric hospitals, affective disorders were the most frequent diagnoses, followed by schizophrenia, for whites admitted to non-Federal general hospitals; the reverse pattern was noted for blacks admitted to this setting (table 3.4). Significant differences were not found in the relative frequency of affective disorders and schizophrenia among persons from all other races or among persons of Hispanic origin.

- Among blacks admitted to VAMCs, schizophrenia was the most frequent diagnosis, fol-

lowed by alcohol-related disorders (table 3.4). The relative frequencies of these two diagnostic groups were reversed among whites, for whom affective disorders represented the third most frequent diagnostic group.

- Affective disorders were found with higher relative frequency among white admissions to private psychiatric hospitals than among white admissions to other hospital types (table 3.4). In contrast, schizophrenia was found more frequently among black admissions to State and county mental hospitals than among black admissions to other hospital types. Alcohol-related disorders were most frequent among white admissions to VAMCs, followed by State and county mental hospitals. Alcohol-related disorders were found with similar frequency among blacks admitted to VAMCs and State and county mental hospitals.

Median Length of Stay[3]

- In State and county mental hospitals, private psychiatric hospitals, and VAMCs, whites had longer median stays than American Indians or Alaskan Natives (table 3.5). In private psychiatric hospitals, whites also had a longer median stay than Asians or Pacific Islanders. In addition, persons of Hispanic origin admitted to State and county mental hospitals and blacks admitted to private psychiatric hospitals had longer median stays than American Indians or Alaskan Natives admitted to these two settings.

- Asians or Pacific Islanders admitted to State and county mental hospitals had the overall longest median days of inpatient stay (35 days) of any racial/ethnic group in any setting (table 3.5).

- Among whites admitted to the various inpatient services, those in State and county mental hospitals who received diagnoses of organic disorders and schizophrenia had the longest median stays (80 and 48 days, respectively). Whites in non-Federal general hospitals who received diagnoses of alcohol- and drug-related disorders had the shortest stays (6 days) (table 3.5).

- Among blacks diagnosed with organic or affective disorders, the longest median stays occurred in VAMCs (52 and 28 days, respectively) (table 3.5). Blacks diagnosed with schizophrenia had the longest median stays in State and county mental hospitals (32 days).

- Where comparisons could be made across settings for American Indians or Alaskan Natives, no significant differences were found in median days of stay by psychiatric diagnosis (table 3.5).

- Asians or Pacific Islanders admitted to State and county mental hospitals with a diagnosis of schizophrenia had the longest median stays (52 days), compared with others from this racial group admitted to other hospital types (table 3.5).

- Comparisons of persons of Hispanic origin admitted to the various inpatient settings reveal that those admitted to State and county mental hospitals with a diagnosis of schizophrenia had the longest median stay (54 days) (table 3.5). The second longest stay was in private psychiatric hospitals for those with organic disorders (38 days).

Children and Youth

Overview

Interest is growing in the use of mental health services by children and youth under age 18. The most recent year for which national data are available to compare the use of inpatient and outpatient psychiatric services by children and youth is 1975.

Tables 3.6 through 3.10 and figures 3.3 and 3.4 focus on the characteristics of children and youth admitted to inpatient psychiatric services in 1980. Where possible, comparisons are made of three age groups: under age 10, 10–14, and 15–17. Since children and youth are not admitted to VAMCs, they are excluded from this section. For a more detailed discussion about this population, see Milazzo-Sayre et al. (NIMH 1986*a*).

- An estimated 81,532 persons under age 18 were admitted to inpatient psychiatric care in State and county mental hospitals, private psychiatric hospitals, and non-Federal general hospitals during 1980 (table 3.6). Approximately 95 percent were between ages 10 and 17, 53 percent were male, and 82 percent were white.

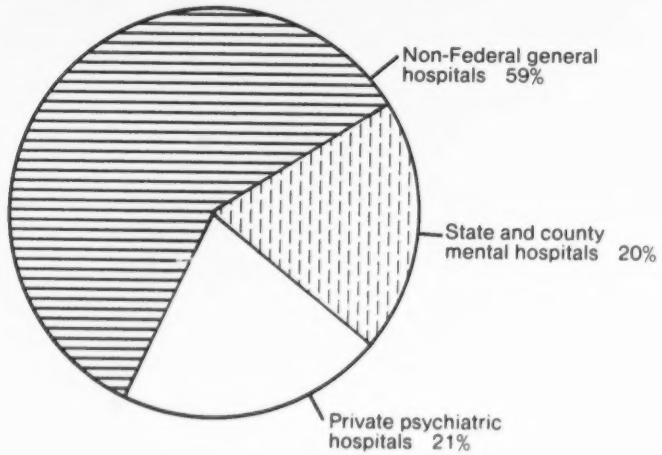
- Admissions were distributed across the hospital types as follows: State and county mental hospitals, 20 percent; private psychiatric hospitals, 21 percent; and the separate inpatient psychiatric services of non-Federal general hospitals, 59 percent (figure 3.3).

Age, Sex, and Race

- The percentage of children and youth admitted to the various types of inpatient psychiatric services in 1980 increased dramatically with age (table 3.6). This positive relationship between age and frequency of inpatient admission was also noted in all hospital types for admission rates per 100,000 U.S. civilian population.

Figure 3.3

Percent distribution of admissions under age 18 to selected inpatient psychiatric services: United States, 1980



- State and county mental hospitals had the highest percentage of male admissions under age 18 (69 percent), followed by private psychiatric hospitals (56 percent), and non-Federal general hospitals (46 percent) (table 3.6).

- Across all hospital types, males constituted 66 percent of inpatient admissions under age 10, 51 percent of admissions between ages 10 and 14, and 53 percent of admissions between ages 15 and 17 (table 3.7, percents not shown).

- When the sex-age relationship was examined separately by hospital type, males exceeded females in percentage of admissions under age 10 and between ages 10 and 14 to State and county mental hospitals and to private psychiatric hospitals (table 3.7). In the 15–17 age group, this pattern occurred only in State and county mental hospitals.

- The percentage of females between ages 10 and 14 was highest for non-Federal general hospitals (60 percent), compared with State and county mental hospitals (30 percent) and private psychiatric hospitals (41 percent) (table 3.7). The percentage of males between ages 15 and 17 was highest for State and county mental hospitals (67 percent), compared with private psychiatric hospitals (53 percent) and non-Federal general hospitals (48 percent).

- Within each hospital type, whites constituted the majority of admissions under age 18 (table 3.8). Children and youth under age 18 from races other than white were more likely to be admitted to State and county mental hospitals than to private psychiatric hospitals (table 3.8).

- Across all hospital types combined, whites accounted for 72 percent of inpatient admissions under age 10, 84 percent of admissions between ages 10 and 14, and 82 percent of admissions between ages 15 and 17 (table 3.8, percents not shown).

Diagnostic Characteristics[1,2]

- Across all hospital types combined, 24 percent of admissions under age 18 were diagnosed with other nonpsychotic disorders; 22 percent, pre-adult disorders; 18 percent, affective disorders; 12 percent, schizophrenia and related disorders; 8 percent, alcohol- and drug-related disorders; and 7 percent, personality disorders (table 3.9, percents not shown).

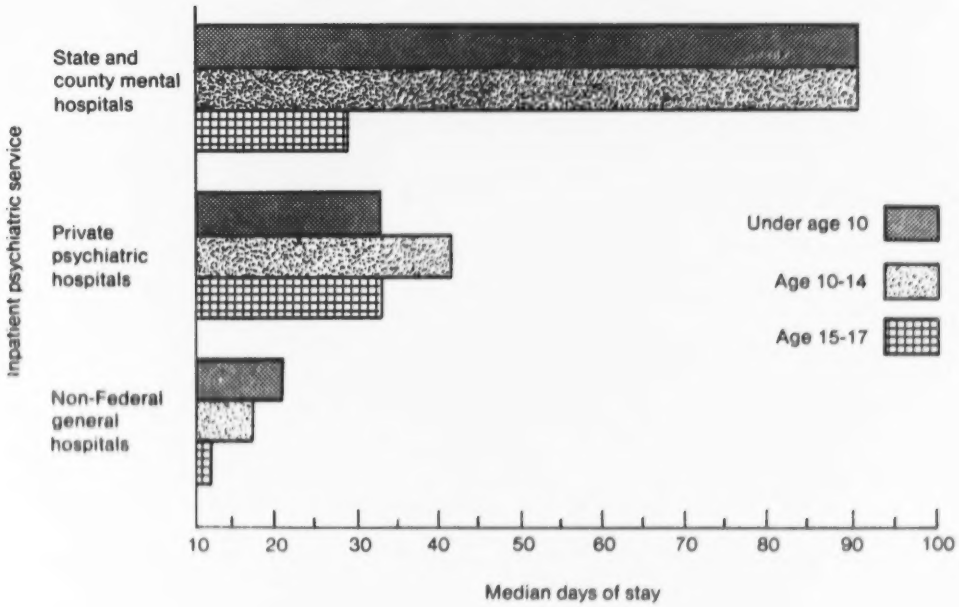
- Among the different hospital types, for all admissions under age 18, diagnoses of affective disorders showed the highest relative frequency (30 percent) in private psychiatric hospitals, compared with non-Federal general hospitals (17 percent) and State and county mental hospitals (10 percent) (table 3.9). Other nonpsychotic disorders predominated among admissions to non-Federal general hospitals (32 percent), but these disorders were much less frequent among admissions to private psychiatric hospitals and State and county mental hospitals (about 13 percent each).

Median Length of Stay[3]

- Within State and county mental hospitals, children and youth in the 15–17 age group had the shortest median stay for both sexes and

Figure 3.4

Median days of stay for admissions under age 18, by age group and type of inpatient psychiatric service: United States, 1980



for both racial groups (table 3.10 and figure 3.4). In private psychiatric hospitals and non-Federal general hospitals, whites between ages 15 and 17 had shorter stays than whites in the under 10 and 10–14 age groups; among persons from other races admitted to these settings, no significant differences were found.

- The overall median length of stay for children and youth showed considerable variation across hospital types (table 3.10). Persons under age 18 admitted to State and county mental hospitals had the longest median stay (54 days), followed by those admitted to private psychiatric hospitals (36 days) and non-Federal general hospitals (14 days). This pattern also held for both sexes and for both racial groups, and for admissions under age 10 and between ages 10 and 14. For admissions between ages 15 and 17, no significant difference was found between the median stay in State and county mental hospitals and private psychiatric hospitals.

Elderly

Overview

Both in number and percentage of the total U.S. population, the elderly have been increasing for most of this century. This increase is expected to continue and accelerate well into the 21st century, with profound consequences for the mental health service delivery system. Since the surveys reported here focus on inpatient psychiatric services, findings cannot be generalized to the noninstitutionalized elderly or to those housed in various nonpsychiatric facilities, such as nursing homes.

Tables 3.11 through 3.15 and figures 3.5 and 3.6 focus on the characteristics of the elderly admitted to inpatient psychiatric care in 1980. Where possible, comparisons are made of three age groups—65–74 years, 75–84, and 85 and over. For a more detailed discussion about this population, see Milazzo-Sayre et al. (NIMH 1987).

- Persons age 65 and over accounted for 7 percent of all admissions to selected inpatient psychiatric services in 1980. Among this group, 59 percent were admitted to non-Federal general hospitals; 20 percent, to State and county mental hospitals; 14 percent, to private psychiatric hospitals; and 7 percent, to VAMCs (figure 3.5). Of elderly admissions, 90 percent were white, and 55 percent, female (table 3.11).

- Within each type of hospital, the largest percentage of elderly admissions was between ages 65 and 74 (table 3.11). The percentage decreased steadily with advancing age.

- VAMCs had the largest percentage of elderly admissions in the 65–74 age group (82 percent) and the smallest percentage in the 75–84 age group (12 percent), compared with other hospital settings (table 3.11).

Sex and Race

- In private psychiatric hospitals, a relatively large percentage of elderly admissions were female (65 percent). A similar pattern occurred in non–Federal general hospitals (61 percent) (table 3.11). Not surprisingly, the pattern was reversed in VAMCs, where 97 percent of elderly admissions were male. In State and county mental hospitals, a significant difference was not found in the relative distribution of elderly male and female admissions.

- Within each type of hospital, whites comprised a much larger percentage of elderly admissions than did persons from all other races (table 3.11). The percentage of elderly admissions from races other than white varied considerably across hospital types, however. The relative frequency of elderly admissions from races other than white to State and county mental hospitals (18 percent) was more than double that of private psychiatric hospitals, VAMCs, and non–Federal general hospitals (8 percent each).

- Comparisons of admission rates per 100,000 U.S. civilian population within each hospital type reveal several significant differences (table 3.11). In State and county mental hospitals, the admission rate for males exceeded that for females (105 vs. 60), and the admission rate for persons from races other than white was twice the admission rate for whites (148 vs. 71). As expected, the admission rate for males in VAMCs significantly exceeded that for females (61 vs. 1), and the admission rate for persons in the 65–74 age group was three times higher than the rate for persons in the 75–84 age group (34 vs. 10).

- Differences in the admission rates among the various hospital types were found for persons in each of the age groups (table 3.11). For both the 65–74 and 75–84 age groups, the highest admission rates were found in non–Federal general hospitals (252 and 216, respectively). Among persons age 85 and over, the admission rate was higher in non–Federal general hospitals than in VAMCs and private psychiatric hospitals (133, 17, and 39, respectively), but not significantly higher than in State and county mental hospitals (45).

- Additional comparisons across hospital types show that male admission rates were highest in non–Federal general hospitals, followed by State and county mental hospitals (223 and 105, respectively) (table 3.11). Among females, those in non–Federal general hospitals had the highest admission rate (235), compared with other types of hospitals. As expected, females in VAMCs had the lowest admission rate.

- Whites in non–Federal general hospitals had the highest admission rate (233), compared with whites in other settings (table 3.11). For persons from other races, the admission rate was highest in non–Federal general hospitals (208), compared with all other settings except

Figure 3.5

Percent distribution of admissions age 65 and over to selected inpatient psychiatric services: United States, 1980

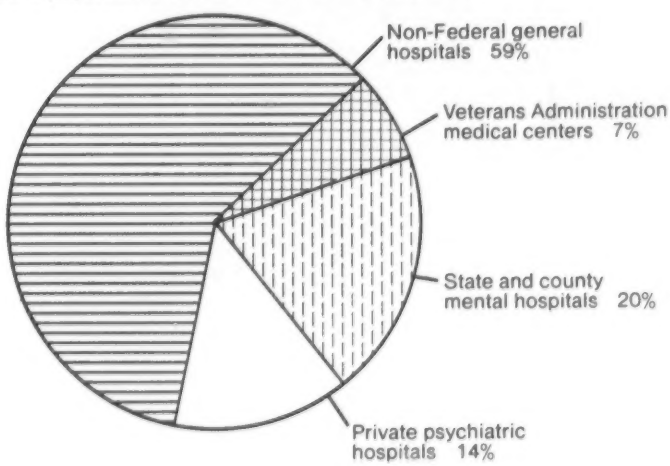
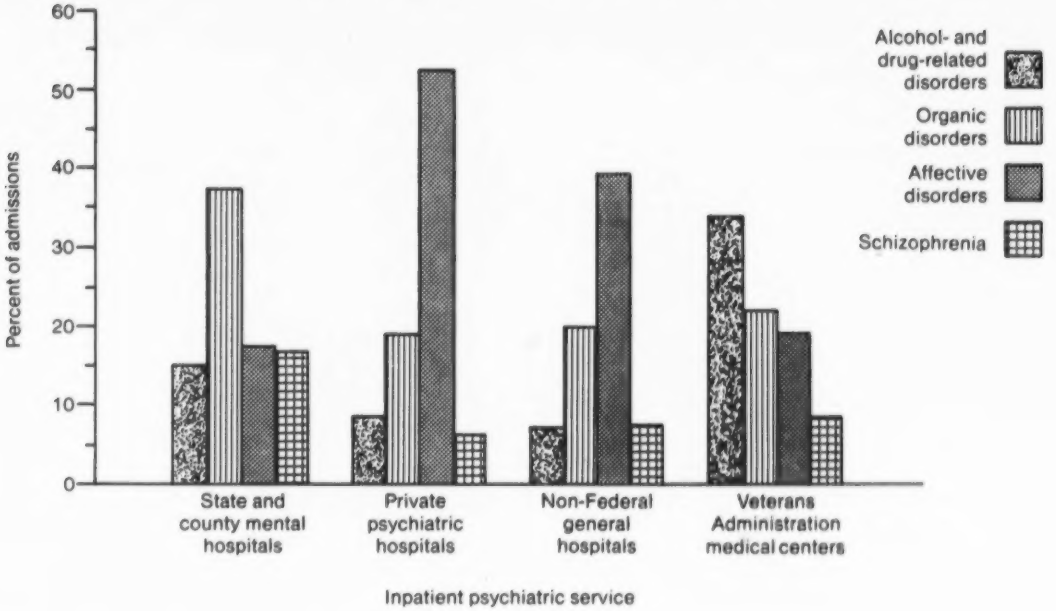

Non-Federal general hospitals 59%
Veterans Administration medical centers 7%
State and county mental hospitals 20%
Private psychiatric hospitals 14%

Figure 3.6

Percent distribution of admissions age 65 and over, by selected primary diagnosis and type of inpatient psychiatric service: United States, 1980



one; no significant difference in admission rates was found between non-Federal general hospitals and State and county mental hospitals.

- In State and county mental hospitals, no significant difference was found in the relative distribution of elderly male and female admissions (table 3.12). In contrast, a larger percentage of females than males in each age group 65 and over were admitted to private psychiatric hospitals.

- More females than males in the 65–74 and 75–84 age groups were admitted to non-Federal general hospitals (table 3.12). As expected, males comprised 96 percent of elderly admissions to VAMCs in the 65–74 age group; no females in the 75–84 and 85 and over age groups were admitted to this setting.

- In State and county mental hospitals, whites in the 65–74 age group constituted about five times as many admissions as persons from other races in this age group (83 vs. 17 percent, respectively) (table 3.13). A similar pattern was noted for whites in the 75–84 age group. Even more divergent relative distributions were found for admissions to private psychiatric hospitals and non-Federal general hospitals in the 65–74 and 75–84 age groups, and for admissions to VAMCs between ages 65 and 74.

- Although whites comprised a larger percentage of admissions to private psychiatric hospitals and VAMCs than to State and county mental hospitals, this pattern held only among admissions age 65–74 (table 3.13).

Diagnostic Characteristics[1,2]

- In State and county mental hospitals, elderly admissions were more likely to have primary diagnoses of organic disorders (38 percent) than any other psychiatric diagnosis (table 3.14). This finding held for males, but not for females. No significant difference was found in the percentages of females with organic disorders, schizophrenia, and affective disorders.

- In private psychiatric hospitals, the largest percentage of elderly admissions had diagnoses of affective disorders (54 percent) (table 3.14). This finding held for both male and female admissions (43 and 60 percent, respectively). Organic disorders ranked second in frequency among females. Among males, however, the relative frequency of organic disorders was not significantly larger than alcohol- and drug-related disorders (25 and 18 percent, respectively).

- A comparison of the diagnostic distribution of elderly male and female admissions to private

psychiatric hospitals shows that the percentage of male admissions with alcohol- and drug-related disorders was over four times larger than the percentage of female admissions with these disorders (18 vs. 4 percent, respectively) (table 3.14). In contrast, the percentage of female admissions with affective disorders was larger than the percentage of male admissions with these disorders (60 vs. 43 percent, respectively).

- The largest percentage of elderly admissions to non-Federal general hospitals had affective disorders (40 percent) (table 3.14). This finding also held for females, but not for males. No significant difference was found between the percentage of males with affective disorders and organic disorders. Among females, organic disorders were the second most frequent diagnoses.

- The diagnoses of alcohol- and drug-related disorders were more than three times more likely to be found among males than females admitted to non-Federal general hospitals (14 vs. 4 percent) (table 3.14).

- Among elderly male admissions to VAMCs, the diagnostic grouping of alcohol- and drug-related disorders was most frequent, followed by organic and affective disorders (36, 23, and 20 percent, respectively) (table 3.14). Comparisons could not be made in the diagnostic distribution of female admissions to VAMCs because of the small number of sample cases.

- Across the different hospital types, comparisons of the diagnostic distributions show that alcohol- and drug-related disorders were most frequent among elderly admissions to VAMCs (35 percent); organic disorders, among admissions to State and county mental hospitals (38 percent); and affective disorders, among admissions to private psychiatric hospitals (54 percent) and non-Federal general hospitals (40 percent) (table 3.14 and figure 3.6).

Median Length of Stay[3]

- Among admissions to State and county mental hospitals, those age 85 and over had the longest median stay (92 days), compared with the 65–74 and 75–84 age groups (table 3.15). In VAMCs, median stays were longer (44 days each) for admissions in the 75–84 and 85 and over age groups than for the 65–74 age group.

- Within State and county mental hospitals, female admissions age 65 and over had a much longer median stay than male admissions (77 vs. 46 days, respectively) (table 3.15). In contrast, males age 65 and over admitted to VAMCs had a median stay more than three times longer than that of females (32 vs. 9 days, respectively).

- Comparisons between the races within each type of hospital show that the median length of stay for persons from other races was longer than the median stay for whites in State and county mental hospitals (65 vs. 56 days, respectively) (table 3.15). The median days of stay were similar for whites and persons from other races within each of the remaining hospital types.

- Comparisons across inpatient settings show that admissions age 65 and over had the longest median stay in State and county mental hospitals (61 days), followed by VAMCs (32 days) (table 3.15). This pattern held for each of the age groups 65 and over, for both racial groups, and for both sexes, with one exception. Among females, stays were shorter in VAMCs than in private psychiatric hospitals or non-Federal general hospitals (9, 21, and 18 days, respectively).

Vietnam Era Veterans

Overview

Nine million Americans served in the armed forces of the United States during the Vietnam conflict, with approximately 4 million stationed in Indochina during some part of the 11-year war (Lipkin et al. 1982). The Vietnam veteran has been referred to as "the forgotten warrior" (Walker and Cavenar 1982). In recent years, however, this subgroup of veterans has received increased attention from mental health providers.

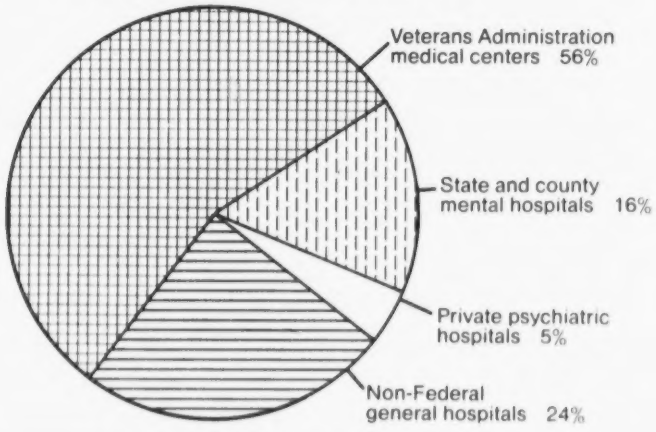
Tables 3.16 through 3.19 and figures 3.7 and 3.8 focus on the characteristics of Vietnam era veterans admitted to inpatient psychiatric care in 1980. The present data do not differentiate between veterans who served in Vietnam and those who served elsewhere during that era. For a more detailed discussion about this population, see Milazzo-Sayre et al. (NIMH 1986*b*).

- Of the approximately 1.3 million persons admitted to inpatient psychiatric care during 1980, 312,969 (23 percent) were U.S. military veterans. Of these veterans, 51 percent were admitted to VAMCs; 23 percent, to non-Federal general hospitals; 20 percent, to State and county mental hospitals; and 6 percent, to private psychiatric hospitals (table 3.16, percents not shown).

- Veterans who served during the Vietnam era comprised an estimated 118,705 admissions, or more than one-third (38 percent) of the total veteran population admitted to inpatient psychiatric care in 1980 (derived from tables 3.16 and 3.17).

Figure 3.7

Percent distribution of Vietnam Era veterans admitted to selected inpatient psychiatric services: United States, 1980


Veterans Administration medical centers 56%
State and county mental hospitals 16%
Private psychiatric hospitals 5%
Non-Federal general hospitals 24%

Note: Percentages may not add to 100% due to rounding.

- The largest percentage of Vietnam era veterans was admitted to VAMCs (56 percent), followed by non-Federal general hospitals (24 percent), State and county mental hospitals (16 percent), and private psychiatric hospitals (5 percent) (table 3.17, percents not shown, and figure 3.7).

Age, Sex, and Race

- Of the estimated 118,705 Vietnam era veterans admitted to inpatient psychiatric care in 1980, most were male (98 percent), white (75 percent), and between ages 25 and 34 (68 percent) (table 3.17).

- Where comparisons could be made across hospital types, results show that the age distribution of Vietnam era veterans varied by setting (table 3.17). The percentages of Vietnam era veterans between ages 25 and 34 were higher in State and county mental hospitals (72 percent) and VAMCs (70 percent) than in private psychiatric hospitals (57 percent). In contrast, veterans between ages 35 and 44 comprised a larger percentage of those admitted to private psychiatric hospitals (34 percent), compared with VAMCs (23 percent) and State and county mental hospitals (21 percent).

- Whites comprised a larger percentage of Vietnam era veterans admitted to private psychiatric hospitals (86 percent) than to State and county mental hospitals (72 percent) or VAMCs (71 percent) (table 3.17). Similarly, a larger percentage of veterans admitted to non-Federal general hospitals were white (84 percent), compared with VAMCs. In contrast, blacks comprised a larger percentage of veterans admitted to VAMCs (28 percent) and State and county mental hospitals (26 percent) than to private psychiatric hospitals (14 percent). The relative frequency of black veteran admissions was also higher in VAMCs than in non-Federal general hospitals (14 percent).

- Comparisons of admission rates to the various inpatient psychiatric services in 1980 per 100,000 Vietnam era veterans in the U.S. civilian population show that VAMCs had the highest overall rate (829) (table 3.17). The next highest admission rate occurred in non-Federal general hospitals (348), followed by State and county mental hospitals (230) and private psychiatric hospitals (71).

- Among admissions to VAMCs, those in the 25–34 age group had the highest admission rate (956) (table 3.17). In the remaining hospital types, no significant differences were found in the admission rates by age group.

- The admission rate for black veterans exceeded that of white veterans within each setting (table 3.17). In VAMCs, black veterans had the highest rate of admission (2,563), nearly four times the rate for whites (674). In State and county mental hospitals, black veterans were admitted at more than three times the rate of whites (660 vs. 191).

Diagnostic Characteristics[1,2,4]

- In both State and county mental hospitals and VAMCs, the most frequent primary psychiatric

diagnoses among Vietnam era veterans admitted in 1980 were alcohol-related disorders and schizophrenia (table 3.18 and figure 3.8). In both settings, these two diagnostic groups predominated irrespective of race. In fact, compared with private psychiatric hospitals, State and county mental hospitals and VAMCs tended to admit much larger percentages of patients with these diagnoses.

- In private psychiatric hospitals and non-Federal general hospitals, affective disorders were much more frequent among Vietnam era veteran admissions (38 and 33 percent, respectively), compared with those admitted to State and county mental hospitals and VAMCs (8 and 12 percent, respectively) (table 3.18 and figure 3.8). In fact, in private psychiatric hospitals, affective disorders predominated, followed by alcohol-related disorders and schizophrenia. In this setting, the same general pattern held for whites, but not for veterans from other races, where no significant differences were found in the relative frequency of these three diagnostic groups. Similarly, among admissions to non-Federal general hospitals, affective disorders, alcohol-related disorders, and schizophrenia occurred with about the same relative frequency (33, 29, and 24 percent, respectively).

- No significant diagnostic differences were found between the two racial groups except in VAMCs, where veterans from races other than white were more likely than whites to have diagnoses of drug-related disorders (14 vs. 6 percent, respectively) or schizophrenia (42 vs. 30 percent, respectively). In contrast, whites were twice as likely as veterans from other races to have diagnoses of affective disorders (14 vs. 7 percent, respectively) (table 3.18).

Median Length of Stay[3]

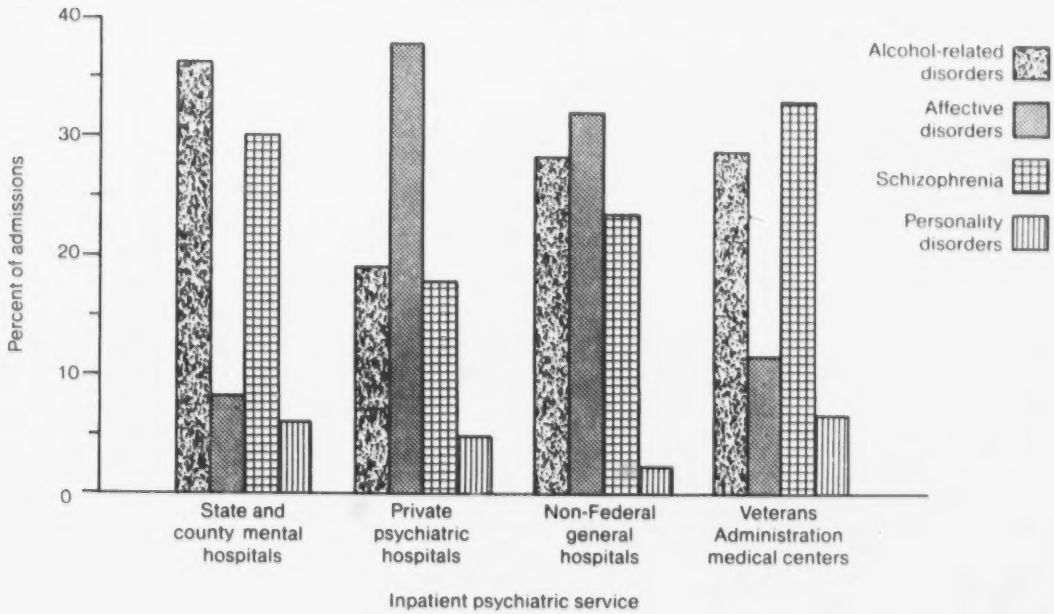
- A comparison of the overall median days of stay for Vietnam era veterans admitted to the various inpatient psychiatric services in 1980 shows that the shortest median stay (9 days) occurred in non-Federal general hospitals, compared with VAMCs (20 days), State and county mental hospitals (18 days), and private psychiatric hospitals (15 days) (table 3.19).

- This general pattern held for whites, but not for veterans from other races, who did not show significant differences in median days of stay across the four hospital types (table 3.19).

- In State and county mental hospitals, whites with a primary diagnosis of schizophrenia had a median stay over twice as long as that of veterans from other races with schizophrenia (52 vs. 22 days, respectively) (table 3.19). Similarly, in private psychiatric hospitals, whites diagnosed with schizophrenia had a

Figure 3.8

Percent distribution of Vietnam Era veterans, by selected primary diagnosis and type of inpatient psychiatric service: United States, 1980



median stay twice as long as that of veterans from other races with schizophrenia (14 vs. 7 days, respectively). Results also indicate that veterans from races other than white diagnosed with affective disorders had a longer median stay (21 days) in private psychiatric hospitals than whites with affective disorders (15 days).

- Unlike veterans from other races diagnosed with schizophrenia admitted to State and county mental hospitals and private psychiatric hospitals, the median stay for those admitted to non-Federal general hospitals was three times longer than for whites with schizophrenia (37 vs. 11 days, respectively) (table 3.19). Similarly, the median stay for veterans from other races with alcohol-related disorders in non-Federal general hospitals was about three times longer than for whites with this disorder (14 vs. 5 days, respectively).

- In contrast to veterans from other races with alcohol-related disorders admitted to non-Federal general hospitals, the median stay was much shorter for those admitted to VAMCs than for whites with alcohol-related disorders (15 vs. 23 days, respectively) (table 3.19).

- The median stay in VAMCs for veterans from other races with affective disorders was about twice as long as for whites with this type of disorder (40 vs. 19 days, respectively) (table 3.19).

Legal Status

Overview

An emergent service delivery issue is the locus of responsibility for involuntary patients admitted under both civil and criminal statutes. Knowledge about the legal status of admissions is crucial in understanding the overall dynamics of contemporary mental health care.

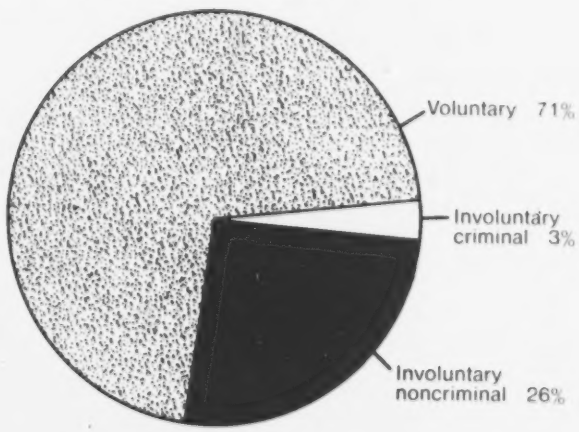
Tables 3.20 through 3.24 and figures 3.9 through 3.11 focus on the characteristics of admissions by legal status. Since legal status information was not requested from VAMCs, they are excluded from this section. For a more detailed discussion about legal status of admissions, see Rosenstein et al. (NIMH 1986*c*).

- In 1980, most persons were voluntarily admitted to inpatient psychiatric services. Of the 1,176,558 inpatient admissions to State and county mental hospitals, private psychiatric hospitals, and non-Federal general hospitals, 838,317 (71 percent) were voluntary admissions. Involuntary noncriminal commitments represented the majority of remaining admissions, accounting for 306,468 admissions (26 percent). Involuntary criminal commitments represented only 31,773 admissions (3 percent) of the incoming caseload (table 3.20, percents not shown, and figure 3.9).

- State and county mental hospitals admitted a much larger percentage of patients on an

Figure 3.9

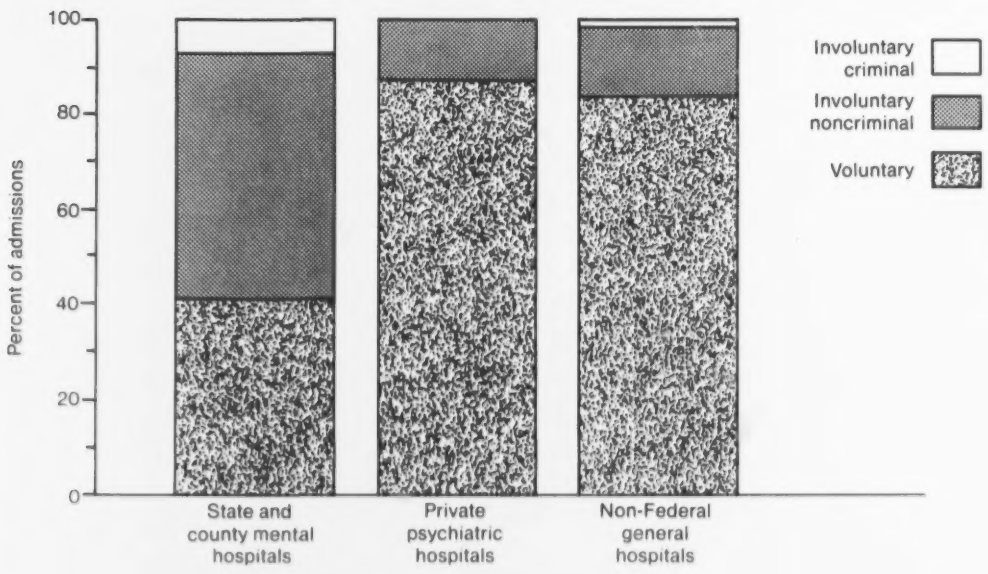
Percent distribution of admissions to selected inpatient psychiatric services,[1] by legal status: United States, 1980



[1]Includes the inpatient psychiatric services of State and county mental hospitals, private psychiatric hospitals, non-Federal general hospitals, and Veterans Administration medical centers.

Figure 3.10

Percent distribution of admissions, by legal status and type of inpatient psychiatric service: United States, 1980



involuntary basis (58 percent) than did either non-Federal general hospitals (16 percent) or private psychiatric hospitals (13 percent) (table 3.21). Of the 338,241 involuntary admissions to these three types of hospitals, 64 percent were to State and county mental hospitals. Of the 31,773 involuntary criminal commitments to inpatient services, almost all (85 percent) were to State and county mental hospitals (table 3.20, percents not shown, and figure 3.10).

Age, Sex, and Race

- For each hospital type, males comprised a larger percentage of involuntary criminal commitments than either voluntary admissions or involuntary noncriminal commitments (table 3.20). In State and county mental hospitals, 84 percent of the involuntary criminal commitments were males, compared with 66 percent of voluntary and 62 percent of involuntary noncriminal admissions. In private psychiatric hospitals, 88 percent of involuntary criminal admissions were males, compared with 47 percent of voluntary and 54 percent of involuntary civil admissions. Similarly, in non-Federal general hospitals, 77 percent of the involuntary criminal commitments were males, compared with 44 percent of voluntary admissions and 51 percent of involuntary noncriminal commitments.

- Comparisons of admission rates per 100,000 civilian population show that in State and county mental hospitals, regardless of legal status, males had higher admission rates than females (table 3.20). In contrast, in private psychiatric hospitals, no significant differences existed between male and female rates for any legal status. In non-Federal general hospitals, the only significant difference between the sexes in admission rates was found among voluntary admissions, where males had lower rates than females.

- Differences with respect to racial composition also existed by legal status (table 3.20). With the exception of private psychiatric hospitals, where no persons from races other than white were admitted through involuntary criminal commitments, minorities comprised somewhat larger percentages of involuntary commitments than of voluntary admissions. In State and county mental hospitals, races other than white represented 31 percent of involuntary noncriminal commitments and 37 percent of involuntary criminal commitments, compared with 23 percent of voluntary admissions. Similarly, in non-Federal general hospitals, minorities comprised 25 percent of involuntary noncriminal commitments and 36 percent of criminal commitments, compared with only 16 percent of voluntary admissions.

- Differences between admission rates for whites and all other races varied considerably by hospital type (table 3.20). In State and county mental hospitals, admission rates per 100,000 civilian population among persons from races other than white were higher than

rates for whites, irrespective of legal status. In contrast, among voluntary admissions to private psychiatric hospitals, persons from races other than white had lower admission rates than whites; differences between racial groups were not statistically significant for the other legal statuses. In non-Federal general hospitals, the only significant difference between admission rates for racial groups occurred among involuntary noncriminal admissions, where persons from all other races had higher rates than whites.

- In State and county mental hospitals, 38 percent of the involuntary criminal commitments were under age 25, compared with 25 percent of involuntary noncriminal and 24 percent of voluntary admissions (table 3.22). In non-Federal general hospitals, most involuntary criminal commitments (72 percent) were between ages 25 and 44, a percentage much higher than for any other legal status. In private psychiatric hospitals, most voluntary and involuntary noncriminal admissions were between ages 25 and 44.

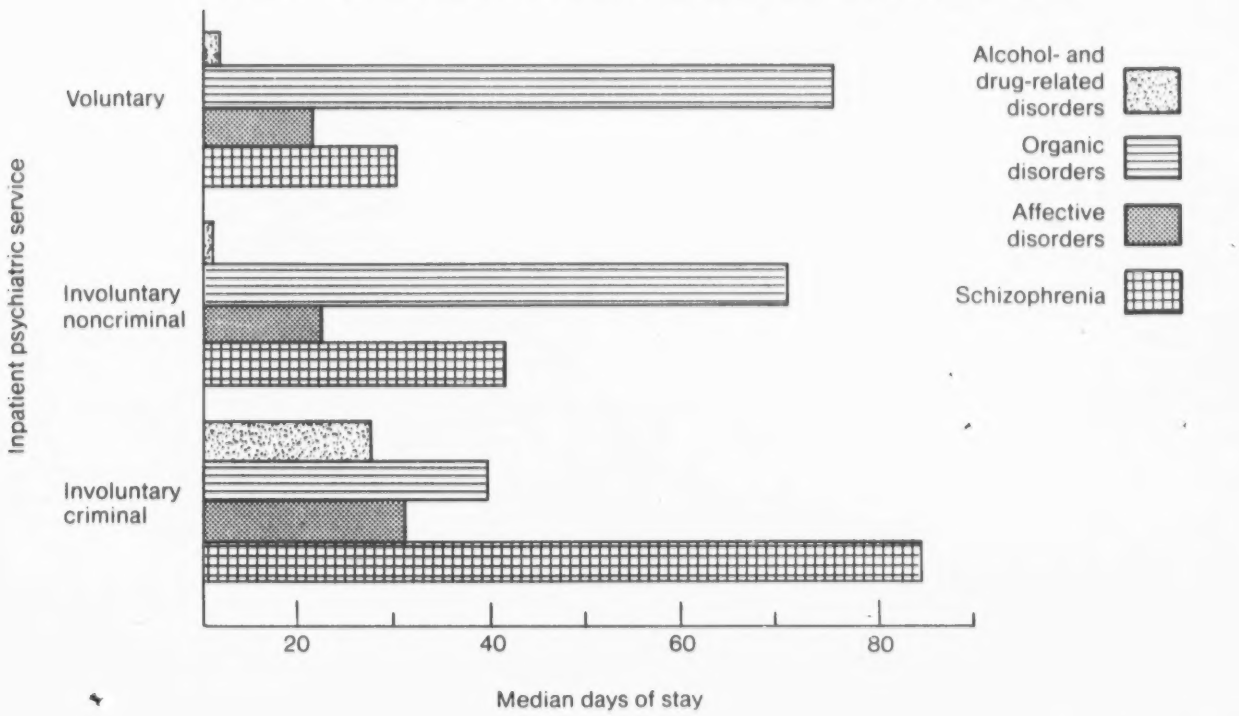
- Very few differences are observed across the three hospital types in the age distributions of admissions in different legal statuses (table 3.22). Regardless of hospital type or legal status, persons in the 25–44 age group represented the largest percentage of admissions.

Diagnostic Characteristics[1,2]

- Comparisons among inpatient psychiatric services show several striking differences in diagnostic distributions by legal status (table 3.23). Schizophrenia tended to be diagnosed more frequently among involuntary admissions than among voluntary admissions. In State and county mental hospitals, schizophrenia represented 29 percent of voluntary commitments, 45 percent of involuntary noncriminal commitments, and 42 percent of involuntary criminal commitments. Although a similar pattern appears to occur in non-Federal general hospitals, where the corresponding percents were 22, 42, and 41, the difference observed between voluntary admissions and

Figure 3.11

Median days of stay for admissions[1] to selected inpatient psychiatric services,[2] by selected primary diagnosis and type of legal status: United States, 1980



[1]Excludes deaths.
[2]Includes the inpatient psychiatric services of State and county mental hospitals, private psychiatric hospitals, and non-Federal general hospitals.

87

involuntary criminal commitments is not statistically significant because of the small number of sample cases. In private psychiatric hospitals, schizophrenia was diagnosed more frequently among involuntary noncriminal commitments than among voluntary admissions (39 vs. 19 percent).

- In State and county mental hospitals, where 26 percent of all admissions were diagnosed with alcohol- or drug-related disorders, the percentages of admissions diagnosed with these disorders varied with different legal status (table 3.23). Although 40 percent of all voluntary admissions received these diagnoses, only 18 percent of all involuntary noncriminal commitments and 10 percent of all involuntary criminal commitments received these diagnoses. In private psychiatric hospitals and non-Federal general hospitals, these differences are not observed.

- Affective disorders occurred with a smaller relative frequency among involuntary admissions than among voluntary admissions, particularly in private psychiatric hospitals and non-Federal general hospitals (table 3.23). Although 45 percent of voluntary admissions to private psychiatric hospitals were diagnosed with affective disorders, only 27 percent of involuntary noncriminal commitments received these diagnoses. Similarly, in non-Federal general hospitals, 33 percent of voluntary admissions received these diagnoses, compared with 20 percent of involuntary noncriminal commitments.

Median Length of Stay[3]

- In private psychiatric hospitals and non-Federal general hospitals, no significant differences are found in the median days of stay by legal status (table 3.24). However, in State and county mental hospitals, median lengths of stay were much longer (46 days) for involuntary criminal commitments than for involuntary noncriminal commitments (25 days) and voluntary admissions (19 days). Much of this difference could be attributed to differences among diagnostic groups. Admissions with schizophrenia or alcohol- and drug-related disorders had longer median stays when admitted on an involuntary criminal basis (84 and 29 days, respectively), than those admitted on a voluntary basis (31 and 12 days, respectively) and on an involuntary noncriminal basis (43 and 11 days, respectively) (figure 3.11). Of potential interest, those admitted to State and county mental hospitals with diagnoses of organic disorders had much shorter stays when admitted through an involuntary criminal commitment than those admitted through an involuntary noncriminal commitment or a voluntary entry (40, 71, and 74 days, respectively).

Summary

Data presented in this chapter indicate that substantial differences do occur in the use of inpatient psychiatric services by different population groups. Although minorities represent relatively small numbers of admissions to these inpatient services, the pattern is somewhat different when counts are compared with their numbers in the population. Blacks and American Indians had much higher rates of admission than other racial and ethnic groups to State and county mental hospitals and non-Federal general hospitals. Similarly, the relative frequency of minorities among admissions varied by setting. A much larger percentage of the incoming caseload of State and county mental hospitals were black, compared with other hospital types. Differences also occurred in the diagnostic distributions of blacks and whites, with schizophrenia somewhat more common among blacks, and affective disorders, among whites.

Of the children and youth admitted to inpatient psychiatric services in 1980, 95 percent were between ages 10 and 17, 53 percent were male, and 82 percent were white. Among these young admissions, those from races other than white were more frequently admitted to State and county mental hospitals than to other hospital types. A similar relationship was found for elderly admissions to inpatient psychiatric services: elderly admissions from races other than white were more frequently admitted to State and county mental hospitals than to other types of hospitals. The elderly represented 7 percent of admissions to inpatient psychiatric services, and most of these elderly admissions were between ages 65 and 74.

As expected, most of the Vietnam era veterans admitted to inpatient psychiatric services were male, white, between the ages of 25 and 34, and admitted to VAMCs. Blacks comprised a larger percentage of the Vietnam era veterans admitted to VAMCs and State and county mental hospitals than to remaining inpatient psychiatric services. Differences occurred in the diagnostic distributions of these veterans; in both VAMCs and State and county mental hospitals, alcohol-related disorders and schizophrenia predominated among these admissions, although in private psychiatric hospitals and non-Federal general hospitals, affective disorders predominated.

Involuntary admissions represented only 29 percent of the incoming caseloads of inpatient psychiatric services in 1980. More than one-half of the involuntary admissions were to State and county mental hospitals. Almost all of those involuntarily admitted through a criminal commitment were to State and county mental hospitals.

Clearly, patterns exist in the use of different inpatient psychiatric services by specific popula-

tion subgroups. What remains to be studied is the differential use of ambulatory services by these subgroups. The Survey and Reports Branch is currently conducting a sample survey of inpatient, outpatient, and partial care services. Unlike past surveys, this survey includes client/patient terminations and those continuing treatment, in addition to admissions. The inclusion of these additional settings and groups of clients/patients will greatly enhance our ability to compare differential use of mental health services by special populations.

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FOOTNOTES

[1]The diagnostic groupings used in chapter 3 are defined as follows:

Selected diagnoses	Combined DSM-II/ICDA-8*	Combined DSM-III/ICD-9-CM*
Alcohol-related disorders	291; 303; 309.13	291; 303; 305.0
Drug-related disorders	294.3; 304; 309.14	292; 304; 305.1-305.9; 327; 328
Organic disorders	290; 292; 293; 294 (except 294.3);309.0; 309.2-309.9	290; 293; 294; 310
Affective disorders	296; 298.0; 300.4	296; 298.0; 300.4; 301.11; 301.13
Schizophrenia**	295	295; 299
Other psychoses	297; 298.1-298.9; 299	297; 298.1-298.9
Personality disorders	301	300.16; 300.19; 301 (except 301.11 and 301.13); 312.3
Pre-adult disorders	307.0-307.2; 308	309.21; 312 (except 312.3); 313.0; 313.21; 314
Other nonpsychotic disorders	302; 305; 306; 307.3-307.4	300.89; 300.9; 302; 306; 307.0-307.3; 307.46; 307.5-307.7; 307.9; 309 (except 309.21 and 309.81); 311; 313.1; 313.22-313.9; 315; 316
No mental disorder	318	V71.09
Other: Mental retardation; anxiety/somatoform/dissociative (other neuroses); social conditions (maladjustments); diagnosis deferred (undiagnosed)	300.0-300.3; 300.5-300.9; 310-317; 319	300.0-300.15; 300.2-300.3; 300.5-300.81; 307.4 (except 307.46); 307.8; 308; 309.81; 317-319; 799.9; "V" codes (except V71.09)

* DSM-II *Diagnostic and Statistical Manual of Mental Disorders*, 2d ed. Washington, D.C.: American Psychiatric Association, 1968.
ICDA-8 *Eighth Revision International Classification of Diseases, Adapted.* National Center for Health Statistics, PHS Pub. No. 1693. Washington, D.C.: U.S. Govt. Print. Off., 1968.
DSM-III *Diagnostic and Statistical Manual of Mental Disorders*, 3d ed. Washington, D.C.: American Psychiatric Association, 1980.
ICD-9-CM *International Classification of Diseases, 9th Revision, Clinical Modification*, Vol. I. National Center for Health Statistics, DHHS Pub. No. (PHS)80-1260. Washington, D.C.: U.S. Govt. Print. Off., 1980.

**Schizophrenia and related disorders: For admissions under age 10, the reported diagnoses in this category include disorders of childhood, such as childhood schizophrenia; infantile autism; and unspecified psychoses with origin specific to childhood (e.g., childhood onset pervasive developmental disorder). For admissions between ages 10 and 14, the predominant disorders reported in this diagnostic category are childhood, residual, and unspecified (undifferentiated) schizophrenia; schizophreniform disorder; and childhood onset pervasive developmental disorder. For admissions between ages 15 and 17, the predominant disorders are paranoid, catatonic, and unspecified (undifferentiated) schizophrenia; schizophreniform disorder; and schizoaffective disorder.

[2]The analyses of patient diagnosis exclude comparisons with the residual category "all other" because they would not be useful. "All other" is shown in various tables to report its contribution to the percentage distribution.

[3]Length of stay in State and county mental hospitals, private psychiatric hospitals, and VAMCs was based on a 1-month cohort of admissions who were followed for an additional 3 months. In non-Federal general hospitals, length of stay was based on discharges. Results are comparable across the four settings (see appendix B). Median length of stay is a positional measure (half of all admissions stay fewer days and half stay longer) and may differ from other measures of central tendency, such as mean length of stay.

[4]Vietnam Era Veterans: Post-Traumatic Stress Disorder (PTSD)—In the surveys of State and county menal hospitals, private psychiatric hospitals, and VAMCs, the reported diagnosis for each sample patient was the primary psychiatric diagnosis at the end of the 3-month study period or when the patient was discharged, whichever came first. In the survey of non-Federal general hospitals, the patient's primary psychiatric diagnosis at time of discharge was reported.

If an anxiety, depressive, organic, or substance abuse disorder developed following a traumatic event (e.g., military combat during the Vietnam era), it may have been reported as the primary psychiatric diagnosis rather than PTSD. PTSD is classified in DSM-III and ICD-9-CM, but not in DSM-II. All three diagnostic manuals were used in the 1980 surveys. PTSD is included here under "anxiety/somatoform/dissociative". The number of sample patients with a final primary psychiatric diagnosis of PTSD was too small to provide reliable national estimates.

Table 3.1. Number, percent distribution, and rate per 100,000 civilian population[1] of admissions to selected inpatient psychiatric services, by race and Hispanic origin:[2] United States, 1980

Race and Hispanic origin	Inpatient psychiatric services				
	Total	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals	VA medical centers
			Number		
Total, all races	1,335,489	369,049	141,209	666,300	158,931
White	1,067,138	265,442	123,051	552,679	125,966
Black	246,389	96,299	16,633	102,212	31,245
American Indian or Alaskan Native	12,150	4,547	611	5,515	1,477
Asian or Pacific Islander	9,812	2,761	914	5,894	243
Hispanic origin	65,656	21,231	4,998	33,017	6,410
			Percent distribution		
Total, all races	100.0%	100.0%	100.0%	100.0%	100.0%
White	79.9	71.9	87.1	82.9	79.3
Black	18.4	26.1	11.8	15.3	19.7
American Indian or Alaskan Native	0.9	1.2	0.4	0.8	0.9
Asian or Pacific Islander	0.7	0.7	0.6	0.9	0.2
Hispanic origin	4.9	5.8	3.5	5.0	4.0
			Rate per 100,000 civilian population		
Total, all races	592.0	163.6	62.6	295.3	70.4
White	550.0	136.8	63.4	284.9	64.9
Black	931.8	364.2	62.9	386.6	118.2
American Indian or Alaskan Native	818.7	306.4	41.2	371.6	99.5
Asian or Pacific Islander	268.1	75.4	25.0	161.0	6.6
Hispanic origin	451.4	146.0	34.4	227.0	44.1

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]Civilian population estimates used as denominators for rate computations for total all races, whites, and blacks are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 929, table 3, p. 19. Population estimates used as denominators for rate computations for American Indians or Alaskan Natives, Asian or Pacific Islanders, and Hispanics are derived from the *1980 Census of Population, General Population Characteristics*, PC80-1-B1, table 43, pp. 32-36, and adjusted to the civilian population estimates.

[2]Persons of Hispanic origin may be from any racial group.

Note: Percentages may not add to 100 percent because of rounding.

Table 3.2. Rate per 100,000 civilian population[1] of admissions to selected inpatient psychiatric services, by race, Hispanic origin,[2] and sex: United States, 1980

Race, Hispanic origin, and sex	Inpatient psychiatric services			
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals	VA medical centers
Total, all races	163.6	62.6	295.3	70.4
Male	219.8	61.9	276.4	141.9
Female	111.1	63.3	313.1	3.7
White	136.8	63.4	284.9	64.9
Male	182.2	61.7	265.0	130.1
Female	94.1	65.0	303.6	3.6
Black	364.2	62.9	386.6	118.2
Male	512.7	70.4	369.4	247.1
Female	233.5	56.3	401.6	4.7
American Indian or Alaskan Native	306.4	41.2	371.6	99.5
Male	381.1	46.0	450.8	192.9
Female	234.1	36.5	295.0	*
Asian or Pacific Islander	75.4	25.0	161.0	6.6
Male	104.2	15.7	159.1	11.8
Female	48.8	33.6	162.8	*
Hispanic origin	146.0	34.4	227.0	44.1
Male	206.3	35.2	234.3	87.1
Female	86.8	33.6	219.9	1.9

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]Civilian population estimates used as denominators for rate computations for total all races, whites, and blacks are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 929, table 3, p. 19. Population estimates used as denominators for rate computations for American Indians or Alaskan Natives, Asian or Pacific Islanders, and Hispanics are derived from the *1980 Census of Population, General Population Characteristics*, PC80-1-B1, table 43, pp. 32-36, and adjusted to the civilian population estimates.

[2]Persons of Hispanic origin may be from any racial group.

*Based on five or fewer sample cases; rate not shown because it does not meet standards of reliability.

Table 3.3. Rate per 100,000 civilian population[1] of admissions to selected inpatient psychiatric services, by race, Hispanic origin,[2] and age: United States, 1980

Race, Hispanic origin, and age	Inpatient psychiatric services			
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals	VA medical centers
Total, all races	163.6	62.6	295.3	70.4
Under 18	26.1	26.3	75.7	*
18–24	264.6	79.6	396.9	38.2
25–44	282.9	89.1	482.8	129.9
45–64	175.7	71.0	316.9	135.0
65 and over	78.0	54.1	230.4	25.2
White	136.8	63.4	284.9	64.9
Under 18	23.7	28.1	75.8	*
18–24	214.5	79.3	357.9	31.7
25–44	225.3	87.0	454.5	108.6
45–64	156.5	73.2	316.2	135.6
65 and over	70.8	55.1	232.8	25.7
Black	364.2	62.9	386.6	118.2
Under 18	35.2	17.0	73.7	–
18–24	598.5	89.2	641.7	85.2
25–44	753.0	118.2	753.9	312.0
45–64	354.3	60.0	349.6	143.2
65 and over	162.2	46.0	199.5	21.3
All other races	142.0	29.6	221.7	33.4
Under 18	49.9	23.3	85.2	–
18–24	231.9	34.9	457.9	*
25–44	196.3	37.2	277.5	65.0
45–64	185.8	20.4	179.5	61.3
65 and over	*	35.7	*	*
Hispanic origin	146.0	34.4	227.0	44.1
Under 18	20.4	18.5	20.9	–
18–24	215.8	41.8	362.4	16.1
25–44	296.6	45.4	446.2	114.2
45–64	135.6	46.3	208.8	63.7
65 and over	86.0	40.5	226.6	*

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]Civilian population estimates used as denominators for rate computations for total all races, whites, and blacks are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 929, table 3, p. 19. Population estimates used as denominators for rate computations for American Indians or Alaskan Natives, Asian or Pacific Islanders, and Hispanics are derived from the *1980 Census of Population, General Population Characteristics*, PC80-1-B1, table 43, pp. 32–36, and adjusted to the civilian population estimates.

[2]Persons of Hispanic origin may be from any racial group.

*Based on five or fewer sample cases; rate not shown because it does not meet standards of reliability.

Table 3.4. Percent distribution of admissions to selected inpatient psychiatric services, by race, Hispanic origin,[1] and primary diagnosis: United States, 1980

Race, Hispanic origin, and primary diagnosis	Inpatient psychiatric services			
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals	VA medical centers
Total, all races	369,049	141,209	666,300	158,931
Alcohol-related disorders	21.7%	9.3%	7.6%	34.5%
Drug-related disorders	4.8	2.9	2.9	5.1
Organic disorders	4.2	3.5	3.3	2.5
Affective disorders	13.4	42.9	31.1	14.4
Schizophrenia	38.0	21.2	25.2	29.9
Personality disorders	5.7	4.8	4.6	4.7
All other	12.3	15.4	25.2	8.9
White	265,442	123,051	552,679	125,966
Alcohol-related disorders	23.8%	9.4%	7.8%	36.7%
Drug-related disorders	5.3	2.8	2.8	3.5
Organic disorders	4.2	3.4	3.1	2.6
Affective disorders	15.6	44.5	33.9	16.4
Schizophrenia	31.5	19.2	22.7	26.4
Personality disorders	6.5	5.1	4.7	4.8
All other	13.1	15.5	25.0	9.6
Black	96,299	16,633	102,212	31,245
Alcohol-related disorders	15.5%	8.8%	6.4%	25.1%
Drug-related disorders	3.1	3.7	3.3	11.2
Organic disorders	4.2	4.7	4.1	2.1
Affective disorders	7.7	30.8	16.8	6.4
Schizophrenia	56.3	35.7	38.0	44.5
Personality disorders	3.5	2.4	4.6	4.5
All other	9.8	14.0	26.8	6.2
All other races	7,308	1,525	1,409	1,720
Alcohol-related disorders	27.2%	*	8.0%	45.2%
Drug-related disorders	7.3	*	*	*
Organic disorders	3.6	*	6.5	*
Affective disorders	10.1	39.1	23.9	15.1
Schizophrenia	32.4	27.2	31.3	21.0
Personality disorders	4.1	*	*	*
All other	15.4	24.6	21.9	9.1
Hispanic origin	21,231	4,998	33,017	6,410
Alcohol-related disorders	18.4%	4.3%	6.0%	21.7%
Drug-related disorders	7.5	*	*	10.2
Organic disorders	2.7	*	2.5	–
Affective disorders	15.2	40.4	27.4	20.8
Schizophrenia	43.9	27.2	36.7	26.6
Personality disorders	7.2	3.2	2.0	9.0
All other	5.1	22.6	24.2	11.5

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1] Persons of Hispanic origin may be from any racial group.

*Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.

Note: Percentages may not add to 100 percent because of rounding.

Table 3.5. Median days of inpatient stay for admissions (excluding deaths) to selected inpatient psychiatric services, by race, Hispanic origin,[1] and selected primary diagnoses: United States, 1980

Race, Hispanic origin, and selected primary diagnoses	Inpatient psychiatric services			
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals	VA medical centers
Total, all races	23	19	11	22
Alcohol- and drug-related	12	20	6	20
Organic disorders	71	17	14	33
Affective disorders	22	20	14	26
Schizophrenia	42	18	14	24
White	23	19	12	23
Alcohol- and drug-related	12	20	6	21
Organic disorders	80	17	14	32
Affective disorders	25	20	14	26
Schizophrenia	48	19	14	25
Black	22	18	11	19
Alcohol- and drug-related	12	19	9	15
Organic disorders	27	17	15	52
Affective disorders	16	20	14	28
Schizophrenia	32	16	13	21
American Indian or Alaskan Native	17	10	14	15
Alcohol- and drug-related	12	*	8	18
Organic disorders	**	*	*	*
Affective disorders	6	10	14	*
Schizophrenia	20	*	17	6
Asian or Pacific Islander	35	13	12	18
Alcohol- and drug-related	16	*	*	*
Organic disorders	**	–	*	–
Affective disorders	**	18	10	*
Schizophrenia	52	13	15	*
Hispanic origin	24	15	12	19
Alcohol- and drug-related	13	10	6	18
Organic disorders	19	38	14	–
Affective disorders	14	14	10	17
Schizophrenia	54	17	14	20

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1] Persons of Hispanic origin may be from any racial group.

*Based on five or fewer sample cases; median days of stay not shown because it does not meet standards of reliability.

**Since over one-half of the admissions in this group were not discharged during the survey period, median days of stay could not be determined.

Table 3.6. Number, percent distribution, and rate per 100,000 civilian population[1] of admissions under age 18 to selected inpatient psychiatric services, by age, sex, and race: United States, 1980

Age, sex, and race	Inpatient psychiatric services			
	Total	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals
		Number		
Total, under 18	81,532	16,612	16,735	48,185
Age				
Under 10	3,883	829	720	2,334
10–14	22,885	4,955	4,893	13,037
15–17	54,764	10,828	11,122	32,814
Sex				
Male	43,222	11,498	9,386	22,338
Female	38,310	5,114	7,349	25,847
Race				
White	66,938	12,432	14,735	39,771
All other races	14,594	4,180	2,000	8,414
		Percent distribution		
Total, under 18	100.0%	100.0%	100.0%	100.0%
Age				
Under 10	4.8	5.0	4.3	4.8
10–14	28.1	29.8	29.2	27.1
15–17	67.2	65.2	66.5	68.1
Sex				
Male	53.0	69.2	56.1	46.4
Female	47.0	30.8	43.9	53.6
Race				
White	82.1	74.8	88.0	82.5
All other races	17.9	25.2	12.0	17.5
		Rate per 100,000 civilian population		
Total, under 18	128.1	26.1	26.3	75.7
Age				
Under 10	11.7	2.5	2.2	7.1
10–14	125.5	27.2	26.8	71.5
15–17	442.8	87.6	89.9	265.3
Sex				
Male	132.9	35.4	28.9	68.7
Female	123.1	16.4	23.6	83.0
Race				
White	127.5	23.7	28.1	75.8
All other races	130.9	37.5	17.9	75.5

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P–25, No. 929, table 3, p. 19.

Note: Percentages may not add to 100 percent because of rounding.

Table 3.7. Percent distribution of admissions under age 18 to selected inpatient psychiatric services, by age and sex: United States, 1980

Age and sex	Inpatient psychiatric services		
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals
Total, under 18	16,612	16,735	48,185
Male	69.2%	56.1%	46.4%
Female	30.8	43.9	53.6
Under 10	829	720	2,334
Male	91.8%	77.1%	54.1%
Female	*	22.9	45.9
10–14	4,955	4,893	13,037
Male	69.7%	59.2%	40.0%
Female	30.3	40.8	60.0
15–17	10,828	11,122	32,814
Male	67.2%	53.3%	48.3%
Female	32.8	46.7	51.7

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

*Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.

Table 3.8. Percent distribution of admissions under age 18 to selected inpatient psychiatric services, by age and race: United States, 1980

Age and race	Inpatient psychiatric services		
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals
Total, under 18	16,612	16,735	48,185
White	74.8%	88.0%	82.5%
All other races	25.2	12.0	17.5
Under 10	829	720	2,334
White	56.2%	79.4%	76.2%
All other races	43.8	20.6	*
10–14	4,955	4,893	13,037
White	69.5%	85.8%	89.3%
All other races	30.5	14.2	10.7
15–17	10,828	11,122	32,814
White	78.7%	89.6%	80.3%
All other races	21.3	10.4	19.7

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

*Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.

Table 3.9. Percent distribution of admissions under age 18 to selected inpatient psychiatric services, by age and primary diagnosis: United States, 1980

Age and primary diagnosis	Inpatient psychiatric services		
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals
Total, under 18	16,612	16,735	48,185
Alcohol-related disorders	6.7%	2.1%	1.3%
Drug-related disorders	10.3	2.5	4.0
Affective disorders	9.5	29.7	6.8
Schizophrenia and related disorders	13.3	12.6	11.2
Personality disorders	10.2	8.3	5.6
Pre-adult disorders	26.5	26.8	19.4
Other nonpsychotic disorders	13.4	13.5	31.8
All other	10.1	4.7	10.0
Under 10	829	720	2,334
Alcohol-related disorders	–	–	–
Drug-related disorders	–	–	–
Affective disorders	–	*	*
Schizophrenia and related disorders	*	15.4	39.7
Personality disorders	–	*	–
Pre-adult disorders	33.9	55.6	33.5
Other nonpsychotic disorders	*	*	*
All other	*	*	–
10–14	4,955	4,893	13,037
Alcohol-related disorders	*	*	*
Drug-related disorders	*	*	*
Affective disorders	11.6	27.7	10.5
Schizophrenia and related disorders	4.4	9.9	*
Personality disorders	*	7.8	*
Pre-adult disorders	48.1	37.0	26.7
Other nonpsychotic disorders	15.0	12.1	39.8
All other	13.5	4.5	9.4
15–17	10,828	11,122	32,814
Alcohol-related disorders	10.1%	2.9%	1.2%
Drug-related disorders	14.5	3.5	4.0
Affective disorders	9.2	32.0	20.1
Schizophrenia and related disorders	15.7	13.5	11.2
Personality disorders	13.7	9.0	7.8
Pre-adult disorders	16.1	20.4	15.5
Other nonpsychotic disorders	12.9	14.4	29.3
All other	7.7	4.3	11.0

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

*Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.

Note: Percentages may not add to 100 percent because of rounding.

Table 3.10. Median days of inpatient stay for admissions under age 18 to selected inpatient psychiatric services, by age, sex, and race: United States, 1980

Age, sex, and race	Inpatient psychiatric services		
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals
Total, under 18	54	36	14
Under 10	92	33	21
10–14	92	42	18
15–17	29	33	12
Male	52	35	16
Under 10	92	48	18
10–14	**	42	32
15–17	21	31	13
Female	55	36	11
Under 10	*	33	26
10–14	65	41	11
15–17	39	35	11
White	54	36	14
Under 10	53	48	26
10–14	92	44	20
15–17	33	33	13
All other races	57	32	11
Under 10	92	33	20
10–14	92	35	15
15–17	23	30	11

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

*Based on five or fewer sample cases; median days of stay not shown because it does not meet standards of reliability.

**Since over one-half of the admissions in this group were not discharged during the survey period, median days of stay could not be determined.

Table 3.11. Number, percent distribution, and rate per 100,000 civilian population[1] of admissions age 65 and over to selected inpatient psychiatric services, by age, sex, and race:United States, 1980

Age, sex, and race	Inpatient psychiatric services				
	Total	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals	VA medical centers
			Number		
Total, 65 and over	99,715	20,056	13,916	59,254	6,489
Age					
65–74	67,184	13,248	9,169	39,438	5,329
75–84	27,203	5,789	3,855	16,787	772
85 and over	5,328	1,019	892	3,029	388
Sex					
Male	45,268	10,913	4,899	23,163	6,293
Female	54,447	9,143	9,017	36,091	196
Race					
White	89,607	16,512	12,842	54,260	5,993
All other races	10,108	3,544	1,074	4,994	496
			Percent distribution		
Total, 65 and over	100.0%	100.0%	100.0%	100.0%	100.0%
Age					
65–74	67.4	66.1	65.9	66.6	82.1
75–84	27.3	28.9	27.7	28.3	11.9
85 and over	5.3	5.1	6.4	5.1	6.0
Sex					
Male	45.4	54.4	35.2	39.1	97.0
Female	54.6	45.6	64.8	60.9	3.0
Race					
White	89.9	82.3	92.3	91.6	92.4
All other races	10.1	17.7	7.7	8.4	7.6
			Rate per 100,000 civilian population		
Total, 65 and over	387.8	78.0	54.1	230.4	25.2
Age					
65–74	429.2	84.6	58.6	252.0	34.0
75–84	349.2	74.3	49.5	215.5	9.9
85 and over	234.6	44.9	39.3	133.4	17.1
Sex					
Male	436.7	105.3	47.3	223.4	60.7
Female	354.8	59.6	58.8	235.2	1.3
Race					
White	384.4	70.8	55.1	232.8	25.7
All other races	420.6	147.5	44.7	207.8	20.6

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 929, table 3, p. 19.

Note: Percentages may not add to 100 percent because of rounding.

Table 3.12. Percent distribution of admissions age 65 and over to selected inpatient psychiatric services, by age and sex: United States, 1980

Age and sex	Inpatient psychiatric services			
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals	VA medical centers
Total, 65 and over	20,056	13,916	59,254	6,489
Male	54.4%	35.2%	39.1%	97.0%
Female	45.6	64.8	60.9	3.0
65–74	13,248	9,169	39,438	5,329
Male	56.1%	36.9%	39.8%	96.3%
Female	43.9	63.1	60.2	3.7
75–84	5,789	3,855	16,787	772
Male	54.6%	32.9%	37.5%	100.0%
Female	45.4	67.1	62.5	–
85 and over	1,019	892	3,029	388
Male	31.7%	27.8%	38.5%	100.0%
Female	68.3	72.2	61.5	–

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

Table 3.13. Percent distribution of admissions age 65 and over to selected inpatient psychiatric services, by age and race: United States, 1980

Age and race	Inpatient psychiatric services			
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals	VA medical centers
Total, 65 and over	20,056	13,916	59,254	6,489
White	82.3%	92.3%	91.6%	92.4%
All other races	17.7	7.7	8.4	7.6
65–74	13,248	9,169	39,438	5,329
White	82.9%	92.5%	91.1%	94.4%
All other races	17.1	7.5	8.9	5.6
75–84	5,789	3,855	16,787	772
White	82.0%	90.1%	92.9%	85.2%
All other races	18.0	9.9	7.1	*
85 and over	1,019	892	3,029	388
White	76.9%	100.0%	90.1%	78.1%
All other races	*	–	*	*

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

*Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.

Table 3.14. Percent distribution of admissions age 65 and over to selected inpatient psychiatric services, by sex and primary diagnosis: United States, 1980

Sex and primary diagnosis	Inpatient psychiatric services			
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals	VA medical centers
Total, 65 and over	20,056	13,916	59,254	6,489
Alcohol- and drug-related disorders	15.7%	9.2%	7.8%	34.9%
Organic disorders	38.4	20.0	21.0	23.1
Affective disorders	18.3	54.0	40.4	20.0
Schizophrenia	17.8	6.7	8.1	9.3
Other psychoses	2.6	4.4	5.3	*
All other	7.2	5.7	17.4	11.8
Male	10,913	4,899	23,163	6,293
Alcohol- and drug-related disorders	26.8%	18.0%	13.5%	36.0%
Organic disorders	41.7	24.6	23.6	23.2
Affective disorders	15.9	43.4	32.7	20.2
Schizophrenia	10.9	3.7	4.0	8.1
Other psychoses	*	3.9	8.2	*
All other	4.4	6.4	18.0	11.7
Female	9,143	9,017	36,091	196
Alcohol- and drug-related disorders	*	4.5%	4.1%	–
Organic disorders	34.5	17.5	19.2	*
Affective disorders	21.3	59.7	45.4	*
Schizophrenia	26.0	8.4	10.8	*
Other psychoses	5.4	4.7	3.5	–
All other	10.5	5.3	17.1	*

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

*Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.

Note: Percentages may not add to 100 percent because of rounding.

Table 3.15. Median days of inpatient stay for admissions age 65 and over (excluding deaths) to selected inpatient psychiatric services, by age, sex, and race: United States, 1980

Age, sex, and race	Inpatient psychiatric services			
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals	VA medical centers
Total, 65 and over	61	20	17	32
65–74	57	21	16	29
75–84	62	18	17	44
85 and over	92	21	21	44
Male	46	20	15	32
65–74	40	20	13	29
75–84	51	18	17	44
85 and over	92	19	22	44
Female	77	21	18	9
65–74	75	21	18	9
75–84	74	18	16	*
85 and over	**	21	20	*
White	56	20	17	31
65–74	56	21	17	29
75–84	56	19	16	45
85 and over	54	21	21	44
All other races	65	19	15	33
65–74	62	20	15	28
75–84	68	17	19	*
85 and over	*	–	*	*

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

*Based on five or fewer sample cases; median days of stay not shown because it does not meet standards of reliability.

**Since over one-half of the admissions in this group were not discharged during the survey period, median days of stay could not be determined.

Table 3.16. Percent distribution of veterans admitted to selected inpatient psychiatric services, by period of military service: United States, 1980

Period of military service	Inpatient psychiatric services			
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals	VA medical centers [1]
Total veterans	63,893	19,435	70,746	158,895
Post Vietnam Era	12.4%	9.5%	17.0%	11.1%
Vietnam Era	28.9	29.2	39.5	41.9
Post Korean Conflict	16.4	18.5	11.9	11.3
Korean Conflict	16.1	15.4	12.8	13.9
World War II	19.5	29.9	23.9	24.8
World War I	*	*	*	0.5
Any other time	3.8	4.0	5.1	0.8
Service era unknown	8.2	3.4	0.4	*

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1] Ten sample cases of active duty personnel are included in the total for VA medical centers.

* Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.

Note: Patients may have served in more than one period of service. Thus, percentages may add to more than 100 percent.

Table 3.17. Number, percent distribution, and rate per 100,000 Vietnam era veterans in the civilian population[1] for Vietnam era veterans admitted to selected inpatient psychiatric services, by age, sex, and race: United States, 1980

Age, sex, and race	Total	Inpatient psychiatric services: State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals	VA medical centers
			Number		
Total, Vietnam era veterans...	118,705	18,459	5,675	27,979	66,592
Age: 18–24	3,831	1,098	155	*	1,912
25–34	80,510	13,274	3,239	17,200	46,797
35–44	28,804	3,831	1,939	7,823	15,221
45–54	4,191	*	263	1,766	2,007
55–64	1,306	*	*	*	592
65 and over	*	–	–	–	*
Sex: Male	116,553	18,117	5,589	27,729	65,118
Female	2,152	*	*	*	1,474
Race: White	88,788	13,336	4,879	23,539	47,034
Black	28,229	4,824	782	3,881	18,742
Other	1,688	299	*	*	816
			Percent distribution		
Total, Vietnam era veterans...	100.0%	100.0%	100.0%	100.0%	100.0%
Age: 18–24	3.2	5.9	2.7	*	2.9
25–34	67.8	71.9	57.1	61.5	70.3
35–44	24.3	20.7	34.2	28.0	22.9
45–54	3.5	*	4.6	6.3	3.0
55–64	1.1	*	*	*	0.9
65 and over	*	–	–	–	*
Sex: Male	98.2	98.1	98.5	99.1	97.8
Female	1.8	*	*	*	2.2
Race: White	74.8	72.2	86.0	84.1	70.6
Black	23.8	26.1	13.8	13.9	28.1
Other	1.4	1.6	*	*	1.2
			Rate per 100,000 Vietnam era veterans in civilian population		
Total, Vietnam era veterans...	477.0	229.7	70.6	348.1	828.6
Age: 18–24	1,147.0	328.7	46.4	*	572.5
25–34	1,645.0	271.2	66.2	351.4	956.2
35–44	1,367.1	181.4	92.0	371.3	722.4
45–54	859.2	*	53.9	362.0	411.4
55–64	712.5	*	*	*	323.0
65 and over	*	–	–	–	*
Sex: Male	1,497.2	232.7	71.8	356.2	836.5
Female	853.6	*	*	*	584.7
Race: White	1,271.5	191.0	69.9	337.1	673.5
Black	3,860.6	659.7	106.9	530.8	2,563.2
Other	591.2	104.7	*	*	285.8

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]Population estimates used as denominators in rate computations for total, age, and sex are from *Veterans in the United States, a Statistical Portrait from the 1980 Census*, Office of Information Management and Statistics, Veterans Administration, October 1984. Population estimates used as denominators in rate computations for race are from the Office of Information Management and Statistics and have been inflated to sum to the total number of Vietnam era veterans in the U.S. civilian population, 1980.

*Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.

Note: Percentages may not add to 100 percent because of rounding.

Table 3.18. Percent distribution of Vietnam era veterans admitted to selected inpatient psychiatric services, by race and primary diagnosis: United States, 1980

Race and primary diagnosis	Inpatient psychiatric services			
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals	VA medical centers
Total, Vietnam era veterans	18,459	5,675	27,979	66,592
Alcohol-related disorders	37.0%	19.6%	29.1%	29.4%
Drug-related disorders	7.4	4.8	*	8.7
Affective disorders	8.3	38.5	32.8	11.8
Schizophrenia	30.9	18.3	24.1	33.7
Personality disorders	6.2	4.9	2.4	6.7
All other	10.2	13.8	11.3	9.7
White	13,336	4,879	23,539	47,034
Alcohol-related disorders	40.8%	19.6%	30.7%	31.2%
Drug-related disorders	8.5	4.6	*	6.5
Affective disorders	9.1	39.2	33.8	14.0
Schizophrenia	25.5	16.4	21.7	30.4
Personality disorders	6.1	5.7	2.1	6.9
All other	10.0	14.6	11.3	11.0
All other races	5,123	796	4,440	19,558
Alcohol-related disorders	27.1%	20.2%	20.4%	24.8%
Drug-related disorders	*	*	–	14.1
Affective disorders	6.2	34.0	*	6.6
Schizophrenia	45.0	30.5	37.0	41.9
Personality disorders	6.7	–	*	6.1
All other	10.6	*	9.1	6.5

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

*Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.

Note: Percentages may not add to 100 percent because of rounding.

Table 3.19. Median days of inpatient stay for Vietnam era veterans (excluding deaths) admitted to selected inpatient psychiatric services, by race and selected primary diagnoses: United States, 1980

Race and selected primary diagnosis	Inpatient psychiatric services			
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals	VA medical centers
Total, Vietnam era veterans	18	15	9	20
Alcohol-related disorders	16	27	5	21
Drug-related disorders	13	14	*	13
Affective disorders	14	17	14	22
Schizophrenia	42	9	12	21
Personality disorders	14	16	3	19
White	20	15	9	21
Alcohol-related disorders	16	25	5	23
Drug-related disorders	9	14	*	14
Affective disorders	14	15	12	19
Schizophrenia	52	14	11	21
Personality disorders	21	16	1	18
All other races	17	17	14	19
Alcohol-related disorders	16	28	14	15
Drug-related disorders	*	*	–	11
Affective disorders	14	21	*	40
Schizophrenia	22	7	37	20
Personality disorders	14	–	*	19

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

*Based on five or fewer sample cases; median days of stay not shown because it does not meet standards of reliability.

Table 3.20. Number, percent distribution, and rate per 100,000 civilian population[1] of admissions to selected inpatient psychiatric services, by legal status, sex, and race: United States, 1980

Legal status, sex, and race	Inpatient psychiatric services			
	Total	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals
		Number		
Total, all legal status	1,176,558	369,049	141,209	666,300
Male	607,805	239,400	67,395	301,010
Female	568,753	129,649	73,814	365,290
White	941,172	265,442	123,051	552,679
All other races	235,386	103,607	18,158	113,621
Voluntary	838,317	153,584	123,404	561,329
Male	404,343	100,566	57,755	246,022
Female	433,974	53,018	65,649	315,307
White	700,993	118,541	108,454	473,998
All other races	137,324	35,043	14,950	87,331
Involuntary–noncriminal	306,468	188,492	17,643	100,333
Male	177,092	116,170	9,498	51,424
Female	129,376	72,322	8,145	48,909
White	220,004	129,875	14,435	75,694
All other races	86,464	58,617	3,208	24,639
Involuntary–criminal	31,773	26,973	162	4,638
Male	26,370	22,664	142	3,564
Female	5,403	4,309	*	1,074
White	20,175	17,026	162	2,987
All other races	11,598	9,947	–	1,651
		Percent distribution		
Total, all legal status	100.0%	100.0%	100.0%	100.0%
Male	51.7	64.9	47.7	45.2
Female	48.3	35.1	52.3	54.8
White	80.0	71.9	87.1	82.9
All other races	20.0	28.1	12.9	17.1
Voluntary	100.0%	100.0%	100.0%	100.0%
Male	48.2	65.5	46.8	43.8
Female	51.8	34.5	53.2	56.2
White	83.6	77.2	87.9	84.4
All other races	16.4	22.8	12.1	15.6
Involuntary–noncriminal	100.0%	100.0%	100.0%	100.0%
Male	57.8	61.6	53.8	51.3
Female	42.2	38.4	46.2	48.7
White	71.8	68.9	81.8	75.4
All other races	28.2	31.1	18.2	24.6
Involuntary–criminal	100.0%	100.0%	100.0%	100.0%
Male	83.0	84.0	87.7	76.8
Female	17.0	16.0	*	23.2
White	63.5	63.1	100.0	64.4
All other races	36.5	36.9	–	35.6

See footnotes at end of table.

Table 3.20. Number, percent distribution, and rate per 100,000 civilian population[1] of admissions to selected inpatient psychiatric services, by legal status, sex, and race: United States, 1980 (continued)

Legal status, sex, and race	Inpatient psychiatric services			
	Total	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals
	Rate per 100,000 civilian population			
Total, all legal status	521.5	163.6	62.6	295.3
Male	558.0	219.8	61.9	276.4
Female	487.5	111.1	63.3	313.1
White	485.1	136.8	63.4	284.9
All other races	745.2	328.0	57.5	359.7
Voluntary	371.6	68.1	54.7	248.8
Male	371.2	92.3	53.0	225.9
Female	371.9	45.4	56.3	270.2
White	361.3	61.1	55.9	244.3
All other races	434.7	110.9	47.3	276.5
Involuntary–noncriminal	135.8	83.6	7.8	44.5
Male	162.6	106.7	8.7	47.2
Female	110.9	62.0	7.0	41.9
White	113.4	66.9	7.4	39.0
All other races	273.7	185.6	10.2	78.0
Involuntary–criminal	14.1	12.0	0.1	2.1
Male	24.2	20.8	0.1	3.3
Female	4.6	3.7	*	0.9
White	10.4	8.8	0.1	1.5
All other races	36.7	31.5	–	5.2

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]Population estimates used as denominators for rate computations are from the U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 929, table 3, p. 19.

*Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.

Table 3.21. Percent distribution of admissions to selected inpatient psychiatric services, by legal status: United States, 1980

Legal status	Inpatient psychiatric services		
	State and county mental	Private psychiatric hospitals hospitals	Non-Federal general hospitals
Total, all legal status	369,049	141,209	666,300
Voluntary	41.6%	87.4%	84.2%
Involuntary: noncriminal	51.1	12.5	15.1
Involuntary: criminal	7.3	0.1	0.7

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

Table 3.22. Percent distribution of admissions to selected inpatient psychiatric services, by legal status and age: United States, 1980

Legal status and age	Inpatient psychiatric services		
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals
Total, all legal status	369,049	141,209	666,300
Under 18	4.5%	11.9%	7.2%
18–24	21.0	16.5	17.4
25–44	47.9	39.4	45.3
45–64	21.2	22.4	21.1
65 and over	5.4	9.9	8.9
Voluntary	153,584	123,404	561,329
Under 18	5.3%	12.0%	7.5%
18–24	18.9	15.9	16.7
25–44	49.6	39.5	44.8
45–64	22.0	22.7	21.6
65 and over	4.2	10.0	9.4
Involuntary–noncriminal	188,492	17,643	100,333
Under 18	4.3%	11.0%	5.9%
18–24	20.4	20.8	21.4
25–44	46.3	39.3	46.8
45–64	22.0	19.9	19.3
65 and over	7.1	9.1	6.6
Involuntary–criminal	26,973	162	4,638
18–24	36.7	*	16.9
25–44	49.6	*	72.5
45–64	10.9	*	*
65 and over	*	–	–

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

*Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.

Note: Percentages may not add to 100 percent because of rounding.

Table 3.23. Percent distribution of admissions to selected inpatient psychiatric services, by legal status and primary diagnosis: United States, 1980

Legal status and primary diagnosis	Inpatient psychiatric services		
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals
Total, all legal status	369,049	141,209	666,300
Alcohol- and drug-related disorders	26.5%	12.2%	10.6%
Organic disorders	4.2	3.5	3.3
Affective disorders	13.4	42.9	31.1
Schizophrenia	38.0	21.2	25.2
Personality disorders	5.7	4.8	4.6
No mental disorder	0.9	*	0.1
All other	11.4	15.3	25.1
Voluntary	153,584	123,404	561,329
Alcohol- and drug-related disorders	39.6%	12.7%	10.4%
Organic disorders	2.5	3.2	3.1
Affective disorders	13.3	45.1	33.2
Schizophrenia	28.9	18.7	22.2
Personality disorders	5.0	4.9	4.8
No mental disorder	0.4	*	*
All other	10.3	15.4	26.3
Involuntary-noncriminal	188,492	17,643	100,333
Alcohol- and drug-related disorders	18.2%	9.0%	12.0%
Organic disorders	5.7	5.6	4.1
Affective disorders	14.4	27.4	20.4
Schizophrenia	44.7	38.9	41.5
Personality disorders	4.5	4.3	3.4
No mental disorder	0.6	*	*
All other	11.9	14.7	18.6
Involuntary-criminal	26,973	162	4,638
Alcohol- and drug-related disorders	9.7%	–	*
Organic disorders	2.9	*	*
Affective disorders	7.9	*	*
Schizophrenia	42.2	*	41.3
Personality disorders	17.2	*	*
No mental disorder	6.3	–	*
All other	13.8	*	13.8

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

*Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.

Note: Percentages may not add to 100 percent because of rounding.

Table 3.24. Median days of inpatient stay for admissions (excluding deaths) to selected inpatient psychiatric services, by legal status and selected primary diagnoses: United States, 1980

Legal status and selected primary diagnosis	Inpatient psychiatric services		
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals
Total, all legal status	23	19	12
Alcohol- and drug-related disorders	12	20	6
Organic disorders	71	17	14
Affective disorders	22	20	14
Schizophrenia	42	18	15
Voluntary	19	20	12
Alcohol- and drug-related disorders	12	21	7
Organic disorders	74	18	15
Affective disorders	21	20	14
Schizophrenia	31	19	14
Involuntary-noncriminal	25	14	10
Alcohol- and drug-related disorders	11	8	4
Organic disorders	71	13	11
Affective disorders	22	15	13
Schizophrenia	43	16	12
Involuntary-criminal	46	14	7
Alcohol- and drug-related disorders	29	–	*
Organic disorders	40	*	*
Affective disorders	31	*	*
Schizophrenia	84	*	12

Source: 1980 Patient Sample Surveys. Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

*Based on five or fewer sample cases; median days of stay not shown because it does not meet standards of reliability.

Chapter 4

State Mental Health Services: Selected Characteristics of Delivery Systems

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In conjunction with the development of national data such as that shown in chapter 2, the Survey and Reports Branch, Division of Biometry and Applied Sciences, NIMH has tabulated by State the data collected through the mental health inventories. In recent years, these State data have become increasingly important for managers of State mental health agencies, enabling them to compare their program statistics with those of other States and with national totals. In addition, State legislators and budget officers are increasingly asking program administrators for comparable information from other States. Although State populations, programs, services, and funding patterns differ somewhat, State mental health program directors have identified enough similarities between their States and one or two others to make statistical comparisons worthwhile.

This chapter presents State tables for 1983–84, updating data for 1979–80 and 1981–82 published previously (NIMH 1983, 1985). However, data for certain organization types, such as psychiatric outpatient clinics, general hospital psychiatric services, and multiservice mental health organizations are not comparable over the three data collection periods because of the following:

- Reclassification of community mental health centers (CMHCs) to other organizations types in 1981–82
- Redefinition of multiservice mental health organizations in 1983–84
- Modification of the definition of partial care in 1983–84

(For further details, see appendix A.)

Data in this chapter are based on information collected through two inventories conducted by NIMH with the cooperation of the State mental health agencies, the National Association of State Mental Health Program Directors (NASMHPD), and the American Hospital Association, as follows:

- 1983 data for non-Federal general hospital separate psychiatric services from the Inventory of General Hospital Psychiatric Services
- 1983 data for State and county mental hospitals, private psychiatric hospitals, freestanding psychiatric outpatient clinics, freestanding psychiatric partial care organizations, residential treatment centers (RTCs) for emotionally disturbed children, Veterans Administration medical centers, and other multiservice mental health organizations from the Inventory of Mental Health Organizations (IMHO)

Future editions of *Mental Health, United States* may include a more comprehensive set of State tabulations based on the collaborative data now being collected through the National Reporting Program (NRP) and the Mental Health Statistics Improvement Program (MHSIP). The MHSIP is a cooperative State and Federal program. Its purpose is to upgrade information systems and statistical services so they are more responsive to the needs for data at all levels of government. Under the direction of an ad hoc advisory group composed of representatives from State and Federal agencies, the program has developed and documented a process for recording and reporting information at the provider level to enable local, State, and Federal agencies to administer, manage, and study mental health services and programs. Central to this effort is the development and adoption of minimum, uniform data elements to facilitate reporting and to permit interstate comparisons of mental health services and programs.

With direct involvement of NASMHPD and its membership, a major effort was initiated by the States to collect and report comparable data and to design State-by-State tabulations. The mechanism for this joint data collection was the 1983–84 IMHO, implemented in July 1984. In conjunction with an MHSIP Implementation Task Force, comprising State and Federal representatives, NAS-

MHPD developed a series of reference tables. These tables formed the basis for a report on mental health program indicators (NASMHPD 1986), which was distributed to the States.

Ten basic tables make up this chapter. Data have been adjusted to include estimates for organizations that did not report. The first set of tables (4.1) reports the number of mental health organizations, by type, for the United States and for each State. This set also reports the number of organizations in each State that provide inpatient services (table 4.1a), outpatient services (table 4.1b), and day treatment services (table 4.1c). These data are reported for 1984.

Table 4.2 presents the total U.S. and State expenditures for all mental health organizations combined and for each type of organization, with percentage distributions across the different types of organizations. Expenditure data are reported for 1983.

Data reported by organizations that provide inpatient services are presented as follows:

- Number of inpatient beds, by type of organization and State. To facilitate comparisons among States, these data are reported as rates in the form of number of beds per 100,00 civilian population (table 4.3).
- Number of inpatient additions and rate per 100,000 civilian population, by type of organization and State (table 4.4)
- Number of inpatient episodes and rate per 100,000 civilian population, by type of organization and State (table 4.5)
- Number of inpatient days and rate per 1,000 civilian population, by type of organization and State (table 4.6)
- Average daily inpatient census and percent occupancy, by type of organization and State (table 4.7)
- Number of inpatients at the end of the year and rate per 100,000 civilian population, by type of organization and State (table 4.8)
- Number of outpatient additions and rate per 100,000 civilian population, by type of organization and State (table 4.9)
- Number of partial care additions and rate per 100,000 civilian population, by type of organization and State (table 4.10)

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Table 4.1. Number of mental health organizations, by type of organization and State: United States, January 1984

State	State and county mental hospitals	Private psychiatric hospitals	Non-Federal gen'l hosp psychiatric services	VA medical centers	RTCs for emotionally disturbed children	Freestanding psychiatric outpatient clinics	Freestanding psychiatric partial care organizations	Multiservice mental health organizations
Total, U.S.	280	221	NA	140	325	798	90	1,263
Excluding Territories	277	220	1,347	139	322	792	90	1,251
Alabama	4	3	20	3	2	–	–	23
Alaska	1	–	2	–	–	25	–	1
Arizona	1	2	14	2	9	9	–	17
Arkansas	1	–	10	1	1	3	–	17
California	6	24	115	10	48	89	22	97
Colorado	2	5	17	3	14	2	–	24
Connecticut	8	6	27	2	12	23	4	16
Delaware	2	1	4	1	1	3	–	3
Dist. of Col.	1	1	8	1	1	3	–	3
Florida	5	15	53	4	6	16	2	49
Georgia	8	10	27	2	2	4	–	30
Hawaii	1	1	6	–	1	–	1	9
Idaho	2	3	2	1	2	1	–	7
Illinois	13	6	67	5	10	31	7	75
Indiana	7	14	27	3	9	–	–	13
Iowa	5	–	26	3	4	25	–	12
Kansas	4	4	19	3	–	14	–	13
Kentucky	5	2	20	2	3	–	1	17
Louisiana	6	4	12	3	2	13	–	18
Maine	2	–	11	1	4	5	2	10
Maryland	9	5	27	2	7	23	6	21
Massachusetts	9	8	52	6	21	34	8	64
Michigan	13	7	54	3	18	38	3	64
Minnesota	5	1	38	2	8	23	–	14
Mississippi	2	1	12	2	–	–	–	14
Missouri	10	2	39	4	12	24	–	14
Montana	1	–	4	–	1	–	–	5
Nebraska	3	–	8	2	1	4	–	7
Nevada	1	1	3	1	2	–	–	2
New Hampshire	1	1	8	1	3	2	–	9

Table 4.1. Number of mental health organizations, by type of organization and State: United States, January 1984 (continued)

State	State and county mental hospitals	Private psychiatric hospitals	Non-Federal gen'l hosp psychiatric services	VA medical centers	RTCs for emotionally disturbed children	Freestanding psychiatric outpatient clinics	Freestanding psychiatric partial care organizations	Multiservice mental health organizations
New Jersey	9	3	48	2	5	22	8	37
New Mexico	1	2	7	1	6	12	–	8
New York	32	12	109	10	13	102	5	67
North Carolina	4	4	29	4	7	1	–	42
North Dakota	1	–	5	–	–	–	–	7
Ohio	18	8	73	5	14	33	2	89
Oklahoma	4	3	14	2	–	39	–	18
Oregon	2	1	15	2	6	23	–	20
Pennsylvania	16	14	95	6	5	32	9	82
Rhode Island	1	2	5	1	2	4	1	9
South Carolina	4	1	14	2	2	6	–	12
South Dakota	1	–	3	3	2	1	–	11
Tennessee	5	3	24	4	–	1	3	31
Texas	10	20	57	8	10	7	–	35
Utah	1	–	12	1	3	3	–	8
Vermont	1	–	4	1	2	1	–	12
Virginia	10	14	26	3	4	11	1	29
Washington	2	2	27	4	12	10	1	30
West Virginia	4	2	10	3	1	1	–	13
Wisconsin	12	2	35	3	19	56	4	23
Wyoming	1	–	3	1	4	13	–	–
Guam	–	–	–	–	–	–	–	1
Puerto Rico	3	1	NA	1	3	6	–	10
Virgin Islands	–	–	–	–	–	–	–	1

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

Table 4.1a. Number of mental health organizations providing inpatient services, by type of organization and State: United States, January 1984

State	State and county mental hospitals	Private psychiatric hospitals	Non-Federal gen'l hosp psychiatric services	VA medical centers	RTCs for emotionally disturbed children	Multiservice mental health organizations
Total, U.S.	280	221	NA	125	325	649
Excluding Territories.....	277	220	1,259	124	322	647
Alabama	4	3	19	2	2	25
Alaska	1	–	2	–	–	1
Arizona	1	2	14	2	9	15
Arkansas	1	–	10	1	1	11
California	6	24	103	8	48	67
Colorado	2	5	17	3	15	11
Connecticut	8	6	22	2	12	5
Delaware	2	1	4	–	1	–
Dist. of Col.	1	1	8	1	1	–
Florida	5	15	53	4	6	44
Georgia	8	10	26	2	2	27
Hawaii	1	1	4	–	1	1
Idaho	2	3	2	1	2	–
Illinois	13	6	64	5	10	14
Indiana	7	14	27	3	9	6
Iowa	5	–	25	2	4	7
Kansas	4	4	19	2	–	10
Kentucky	5	2	20	2	3	17
Louisiana	6	4	12	3	2	1
Maine	2	–	10	1	4	7
Maryland	9	5	24	2	7	–
Massachusetts	9	8	44	4	21	28
Michigan	13	7	50	3	18	26
Minnesota	5	1	35	2	8	8
Mississippi	2	1	12	2	–	12
Missouri	10	2	37	4	12	13
Montana	1	–	4	–	1	–
Nebraska	3	–	7	2	1	6
Nevada	1	1	3	1	2	1
New Hampshire	1	1	8	1	3	8

Table 4.1a. Number of mental health organizations providing inpatient services, by type of organization and State: United States, January 1984 (continued)

State	State and county mental hospitals	Private psychiatric hospitals	Non-Federal gen'l hosp psychiatric services	VA medical centers	RTCs for emotionally disturbed children	Multiservice mental health organizations
New Jersey	9	3	43	2	5	1
New Mexico	1	2	6	1	6	5
New York	32	12	96	9	13	16
North Carolina	4	4	29	4	7	65
North Dakota	1	–	5	–	–	5
Ohio	18	8	72	4	14	35
Oklahoma	4	3	14	1	–	9
Oregon	2	1	14	2	6	4
Pennsylvania	16	14	88	5	5	19
Rhode Island	1	2	4	1	2	4
South Carolina	4	1	14	2	2	2
South Dakota	1	–	3	3	2	1
Tennessee	5	3	22	4	–	8
Texas	10	20	56	7	10	40
Utah	1	–	11	1	3	9
Vermont	1	–	4	1	2	14
Virginia	10	14	26	3	4	11
Washington	2	2	23	3	12	2
West Virginia	4	2	10	2	1	7
Wisconsin	12	2	31	3	19	15
Wyoming	1	–	3	1	4	–
Guam	–	–	–	–	–	1
Puerto Rico	3	1	NA	1	3	–
Virgin Islands	–	–	–	–	–	1

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

Table 4.1b. Number of mental health organizations providing outpatient services, by type of organization and State: United States, January 1984

State	State and county mental hospitals	Private psychiatric hospitals	Non-Federal gen'l hosp psychiatric services	VA medical centers	RTCs for emotionally disturbed children	Freestanding psychiatric outpatient clinics	Freestanding psychiatric partial care organizations	Multiservice mental health organizations
Total, U.S.	86	77	NA	133	63	798	–	1,196
Excluding Territories	86	77	504	132	63	792	–	1,184
Alabama	–	2	4	3	–	–	–	23
Alaska	–	–	–	–	–	25	–	1
Arizona	–	2	6	2	4	9	–	15
Arkansas	1	–	1	1	–	3	–	17
California	1	7	45	10	10	89	–	86
Colorado	2	3	5	2	1	2	–	23
Connecticut	1	3	22	2	3	23	–	14
Delaware	1	–	2	1	–	3	–	3
Dist. of Col.	1	–	4	1	–	3	–	3
Florida	–	5	14	4	–	16	–	43
Georgia	–	2	8	2	–	4	–	30
Hawaii	–	–	2	–	–	–	–	8
Idaho	–	1	–	1	1	1	–	7
Illinois	–	–	25	4	3	31	–	73
Indiana	–	13	8	3	2	–	–	13
Iowa	4	–	5	3	2	25	–	10
Kansas	1	2	6	2	–	14	–	13
Kentucky	1	1	2	2	–	–	–	17
Louisiana	–	1	4	3	1	13	–	18
Maine	–	–	3	1	1	5	–	10
Maryland	2	4	13	2	2	23	–	16
Massachusetts	–	3	31	6	2	34	–	56
Michigan	5	1	20	3	2	38	–	64
Minnesota	–	–	20	2	2	23	–	14
Mississippi	–	–	3	2	–	–	–	14
Missouri	9	–	15	2	2	24	–	13
Montana	–	–	–	–	–	–	–	5
Nebraska	1	–	3	1	–	4	–	7
Nevada	1	–	–	1	2	–	–	2
New Hampshire	–	–	2	1	–	2	–	8

Table 4.1b. Number of mental health organizations providing outpatient services, by type of organization and State: United States, January 1984 (continued)

State	State and county mental hospitals	Private psychiatric hospitals	Non-Federal gen'l hosp. psychiatric services	VA medical centers	RTCs for emotionally disturbed children	Freestanding psychiatric outpatient clinics	Freestanding psychiatric partial care organizations	Multiservice mental health organizations
New Jersey	2	2	24	2	–	22	–	34
New Mexico	–	1	3	1	1	12	–	8
New York	31	1	68	10	2	102	–	60
North Carolina	1	2	7	4	–	1	–	42
North Dakota	–	–	1	–	–	–	–	7
Ohio	–	3	18	5	4	33	–	88
Oklahoma	1	2	3	2	–	39	–	18
Oregon	–	–	7	2	1	23	–	19
Pennsylvania	–	7	39	6	1	32	–	75
Rhode Island	–	2	2	1	1	4	–	8
South Carolina	1	–	1	2	–	6	–	12
South Dakota	–	–	–	2	–	1	–	11
Tennessee	2	–	7	4	–	1	–	31
Texas	9	3	10	8	–	7	–	34
Utah	–	–	5	1	–	3	–	8
Vermont	–	–	–	1	–	1	–	11
Virginia	1	1	5	3	–	11	–	29
Washington	–	1	11	4	6	10	–	30
West Virginia	–	1	3	3	–	1	–	13
Wisconsin	7	1	17	3	6	56	–	20
Wyoming	–	–	–	1	1	13	–	–
Guam	–	–	–	–	–	–	–	1
Puerto Rico	–	–	NA	1	–	6	–	10
Virgin Islands	–	–	–	–	–	–	–	1

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

Table 4.1c. Number of mental health organizations providing partial care services, by type of organization and State: United States, January 1984

State	State and county mental hospitals	Private psychiatric hospitals	Non-Federal gen'l hosp psychiatric services	VA medical centers	RTCs for emotionally disturbed children	Freestanding psychiatric outpatient clinics	Freestanding psychiatric partial care organizations	Multiservice mental health organizations
Total, U.S.	63	74	NA	65	69	–	88	1,126
Excluding Territories.....	63	74	344	65	69	–	88	1,114
Alabama	–	1	4	1	–	–	–	23
Alaska	–	–	–	–	–	–	–	1
Arizona	–	2	3	1	3	–	–	15
Arkansas	1	–	1	1	–	–	–	17
California	–	7	34	9	14	–	22	81
Colorado	2	4	5	1	4	–	–	23
Connecticut	1	5	16	2	4	–	4	11
Delaware	1	–	1	–	–	–	–	3
Dist. of Col.	1	1	–	1	–	–	–	3
Florida	–	6	15	2	–	–	2	44
Georgia	–	3	4	–	–	–	–	26
Hawaii	–	1	2	–	1	–	1	9
Idaho	–	–	–	–	–	–	–	7
Illinois	–	–	14	3	2	–	7	64
Indiana	–	13	9	–	–	–	–	13
Iowa	–	–	5	2	2	–	–	8
Kansas	1	2	5	2	–	–	–	9
Kentucky	1	–	1	2	–	–	1	16
Louisiana	–	1	1	1	–	–	–	18
Maine	–	–	2	–	2	–	2	9
Maryland	2	1	9	1	2	–	6	16
Massachusetts	–	1	10	4	2	–	8	48
Michigan	2	3	21	1	2	–	3	60
Minnesota	–	–	17	2	2	–	–	13
Mississippi	–	–	2	–	–	–	–	14
Missouri	6	–	5	1	1	–	–	12
Montana	–	–	–	–	–	–	–	5
Nebraska	–	–	3	1	–	–	–	5
Nevada	1	–	–	–	2	–	–	2
New Hampshire	–	–	1	–	–	–	–	9

Table 4.1c. Number of mental health organizations providing partial care services, by type of organization and State: United States, January 1984 (continued)

State	State and county mental hospitals	Private psychiatric hospitals	Non-Federal gen'l hosp psychiatric services	VA medical centers	RTCs for emotionally disturbed children	Freestanding psychiatric outpatient clinics	Freestanding psychiatric partial care organizations	Multiservice mental health organizations
New Jersey	–	–	20	1	1	–	7	36
New Mexico	–	1	2	1	–	–	–	6
New York	31	1	45	8	4	–	5	57
North Carolina	–	1	4	–	–	–	–	40
North Dakota	–	–	1	–	–	–	–	5
Ohio	–	4	12	1	4	–	2	82
Oklahoma	–	2	–	1	–	–	–	18
Oregon	–	–	6	1	2	–	–	19
Pennsylvania	–	3	31	4	3	–	9	76
Rhode Island	–	2	–	1	1	–	–	9
South Carolina	1	1	2	–	–	–	–	11
South Dakota	–	–	–	–	1	–	–	11
Tennessee	3	–	7	1	–	–	3	31
Texas	–	2	8	5	–	–	–	30
Utah	–	–	1	1	–	–	–	8
Vermont	–	–	–	–	–	–	–	10
Virginia	2	2	3	1	–	–	1	27
Washington	–	2	4	1	7	–	1	30
West Virginia	–	1	–	–	–	–	–	12
Wisconsin	8	1	8	–	3	–	4	12
Wyoming	–	–	–	–	–	–	–	–
Guam	–	–	–	–	–	–	–	1
Puerto Rico	–	–	NA	–	–	–	–	10
Virgin Islands	–	–	–	–	–	–	–	1

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

Table 4.2. Number and percent distribution of total expenditures in thousands of dollars, by type of mental health organization and State: United States, 1983

State	All organizations			Type of organization					
				State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hospital psychiatric services	
	Total expenditures in thousands	Total expenditures per capita civilian population[1]	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures
Total, U.S.[2]	NA	NA	NA	$5,502,200	NA	$1,720,469	NA	NA	NA
Excluding Territories[2]	$14,431,943	$62.12	100.0%	5,491,473	38.0%	1,711,907	11.9%	$2,175,657	15.1%
Alabama	165,853	42.00	100.0	65,724	39.6	15,758	9.5	12,984	7.8
Alaska	23,541	50.30	100.0	8,441	35.8	–	–	1,378	5.9
Arizona	98,466	32.99	100.0	16,253	16.5	5,612	5.7	18,811	19.1
Arkansas	79,751	34.27	100.0	28,372	35.6	–	–	5,648	7.1
California	1,458,116	58.41	100.0	278,602	19.1	173,714	11.9	267,432	18.3
Colorado	187,713	60.13	100.0	53,263	28.4	28,625	15.2	19,932	10.6
Connecticut	303,526	96.88	100.0	113,929	37.5	71,161	23.4	45,441	15.1
Delaware	34,446	57.03	100.0	21,723	63.1	2,181	6.3	3,046	8.9
Dist. of Col.	166,508	270.30	100.0	129,440	77.7	15,069	9.1	8,355	5.0
Florida	444,287	41.28	100.0	141,027	31.7	73,196	16.5	73,548	16.6
Georgia	546,039	95.56	100.0	181,750	33.3	71,039	13.0	28,276	5.2
Hawaii	28,419	29.17	100.0	8,225	28.9	2,437	8.6	6,123	21.5
Idaho	27,115	27.39	100.0	8,070	29.9	7,483	27.6	1,539	5.6
Illinois	504,170	44.01	100.0	177,328	35.2	54,097	10.7	106,910	21.2
Indiana	220,364	40.22	100.0	75,636	34.3	50,385	22.9	46,070	20.9
Iowa	110,487	38.03	100.0	35,763	32.4	–	–	30,004	27.2
Kansas	162,017	67.34	100.0	49,132	30.3	56,564	34.9	17,343	10.7
Kentucky	140,359	38.08	100.0	39,209	27.9	20,692	14.7	15,311	10.9
Louisiana	179,234	40.53	100.0	83,711	46.7	36,029	20.1	17,999	10.1
Maine	58,712	51.37	100.0	25,691	43.8	–	–	6,316	10.8
Maryland	311,214	72.82	100.0	127,067	40.8	55,497	17.8	40,818	13.1
Massachusetts	640,894	111.11	100.0	81,553	12.7	90,535	14.1	75,143	11.7
Michigan	593,940	65.61	100.0	203,711	34.3	46,885	7.9	79,245	13.3
Minnesota	243,478	58.63	100.0	59,734	24.5	7,371	3.0	57,623	23.7
Mississippi	82,341	32.06	100.0	36,278	44.0	1,807	2.2	9,846	12.0
Missouri	246,986	49.71	100.0	134,447	54.4	10,608	4.3	47,858	19.4
Montana	29,275	35.88	100.0	14,653	50.0	–	–	2,126	7.3
Nebraska	57,953	36.47	100.0	26,972	46.5	–	–	14,525	25.1
Nevada	30,257	33.88	100.0	8,001	26.4	9,000	29.7	1,696	5.6
New Hampshire	58,358	60.60	100.0	24,249	41.5	1,710	2.9	4,759	8.2

See footnotes at end of table.

Table 4.2. Number and percent distribution of total expenditures in thousands of dollars, by type of mental health organization and State: United States, 1983 (continued)

State	All organizations			Type of organization					
	Total expenditures in thousands	Total expenditures per capita civilian population[1]	Percent of total expenditures	State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hospital psychiatric services	
				Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures
New Jersey	$ 457,263	$ 61.25	100.0%	$ 238,042	52.0%	$46,792	10.2%	$98,253	21.5%
New Mexico	64,216	46.02	100.0	17,598	27.4	14,576	22.7	15,276	23.8
New York	2,344,791	132.68	100.0	1,384,672	59.1	84,814	3.6	389,881	16.6
North Carolina	312,220	51.91	100.0	121,603	38.9	25,285	8.1	27,448	8.8
North Dakota	36,041	53.55	100.0	21,217	58.9	–	–	3,209	8.9
Ohio	535,751	49.93	100.0	203,226	38.0	49,465	9.2	102,485	19.1
Oklahoma	152,460	46.61	100.0	72,312	47.4	22,355	14.7	11,982	7.8
Oregon	99,367	37.26	100.0	31,462	31.7	6,422	6.5	15,016	15.1
Pennsylvania	1,134,236	95.45	100.0	426,018	37.6	254,190	22.4	143,345	12.6
Rhode Island	63,383	66.40	100.0	21,567	34.1	19,754	34.1	3,578	5.6
South Carolina	107,192	33.38	100.0	67,713	63.2	3,366	3.1	13,836	12.9
South Dakota	36,568	52.54	100.0	11,619	31.8	–	–	6,844	18.7
Tennessee	209,966	44.92	100.0	74,564	35.5	15,581	7.4	28,370	13.5
Texas	645,515	41.01	100.0	194,511	30.1	137,913	21.4	107,003	16.6
Utah	64,128	39.36	100.0	13,012	20.3	–	–	17,426	27.1
Vermont	49,884	94.48	100.0	11,234	22.5	–	–	1,209	2.4
Virginia	318,472	58.64	100.0	126,069	39.6	94,941	29.8	20,460	6.4
Washington	142,094	33.27	100.0	43,297	30.5	6,333	4.5	26,353	18.5
West Virginia	69,498	35.51	100.0	24,854	35.8	5,378	7.7	8,701	12.5
Wisconsin	314,023	66.05	100.0	117,251	37.3	17,287	5.5	65,948	21.0
Wyoming	41,056	380.01	100.0	11,678	28.5	–	–	2,929	7.1
Guam	1,476	13.67	100.0	–	–	–	–	–	–
Puerto Rico	NA	NA	NA	10,727	NA	8,562	NA	NA	NA
Virgin Islands	1,867	17.96	100.0	–	–	–	–	–	–

See footnotes at end of table.

Table 4.2. Number and percent distribution of total expenditures in thousands of dollars, by type of mental health organization and State: United States, 1983 (continued)

State	VA medical centers		RTCs for emotionally disturbed children		Freestanding psychiatric outpatient clinics		Freestanding psychiatric partial care organizations		Multiservice mental health organizations	
	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures
Total, U.S.[2]	$1,339,147	NA	$575,340	NA	$433,701	NA	$47,172	NA	$2,745,299	NA
Excluding Territories[2]	1,316,127	9.1	572,983	4.0	430,025	3.0	47,172	0.3	2,686,599	18.6
Alabama	30,189	18.2	4,201	2.6	–	–	–	–	36,997	22.3
Alaska	–	–	–	–	7,362	31.3	–	–	6,360	27.0
Arizona	7,236	7.4	21,053	21.4	2,204	2.2	–	–	27,296	27.7
Arkansas	17,656	22.1	229	0.3	667	0.8	–	–	27,179	34.1
California	183,350	12.6	102,000	7.0	39,536	2.7	7,400	0.6	406,082	27.8
Colorado	25,270	13.5	16,351	8.7	658	0.4	–	–	43,614	23.2
Connecticut	3,074	1.0	25,019	8.2	8,389	2.8	1,260	0.4	35,253	11.6
Delaware	175	0.5	3,518	10.2	2,071	6.0	–	–	1,732	5.0
Dist. of Col.	2,688	1.6	820	0.5	1,796	1.1	–	–	8,340	5.0
Florida	19,355	4.4	10,626	2.4	9,991	2.2	2,736	0.6	113,808	25.6
Georgia	144,354	26.4	1,550	0.3	601	0.1	–	–	118,469	21.7
Hawaii	–	–	2,077	7.3	–	–	668	2.4	8,889	31.3
Idaho	879	3.2	4,158	15.3	320	1.2	–	–	4,666	17.2
Illinois	28,629	5.7	21,939	4.3	25,070	5.0	5,743	1.1	84,454	16.8
Indiana	2,186	1.0	9,434	4.3	–	–	–	–	36,653	16.6
Iowa	24,045	21.8	5,459	4.9	7,990	7.2	–	–	7,226	6.5
Kansas	15,010	9.3	–	–	7,398	4.6	–	–	16,570	10.2
Kentucky	12,847	9.2	1,831	1.3	–	–	495	0.4	49,974	35.6
Louisiana	17,602	9.8	1,703	1.0	4,209	2.3	–	–	17,981	10.0
Maine	2,021	3.4	7,031	12.0	1,655	2.8	262	0.4	15,736	26.8
Maryland	43,187	14.0	14,713	4.7	11,769	3.8	2,383	0.7	15,780	5.1
Massachusetts	176,001	27.6	34,227	5.3	25,025	3.9	1,897	0.3	156,513	24.4
Michigan	23,188	3.9	28,347	4.8	22,519	3.8	6,037	1.0	184,008	31.0
Minnesota	38,227	15.7	15,023	6.2	26,371	10.8	–	–	39,129	16.1
Mississippi	19,368	23.5	–	–	–	–	–	–	15,042	18.3
Missouri	11,918	4.8	15,400	6.2	6,805	2.8	–	–	19,950	8.1
Montana	–	–	3,655	12.5	–	–	–	–	8,841	30.2
Nebraska	2,055	3.5	1,731	3.0	2,842	4.9	–	–	9,828	17.0
Nevada	493	1.6	4,654	15.4	–	–	–	–	6,413	21.3
New Hampshire	1,114	1.9	1,350	2.3	3,426	5.9	–	–	21,750	37.3

See footnotes at end of table.

Table 4.2. Number and percent distribution of total expenditures in thousands of dollars, by type of mental health organization and State: United States, 1983 (continued)

State	VA medical centers		RTCs for emotionally disturbed children		Freestanding psychiatric outpatient clinics		Freestanding psychiatric partial care organizations		Multiservice mental health organizations	
	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures
New Jersey	3,311	0.7	8,467	1.9	7,582	1.7	4,406	1.0	50,410	11.0
New Mexico	890	1.4	1,373	2.1	4,115	6.4	–	–	10,388	16.2
New York	138,500	5.9	65,102	2.8	74,508	3.2	3,297	0.1	204,017	8.7
North Carolina	7,964	2.5	1,739	0.6	525	0.2	–	–	127,656	40.9
North Dakota	–	–	–	–	–	–	–	–	11,615	32.2
Ohio	24,247	4.5	20,970	3.9	12,340	2.3	1,703	0.4	121,315	22.6
Oklahoma	1,781	1.2	–	–	9,306	6.1	–	–	34,724	22.8
Oregon	2,280	2.3	7,898	7.9	14,770	14.9	–	–	21,519	21.6
Pennsylvania	110,420	9.7	32,921	2.9	16,541	1.5	5,293	0.5	145,508	12.8
Rhode Island	1,017	1.6	3,178	5.0	1,281	2.0	253	0.4	12,755	20.1
South Carolina	1,652	1.6	1,691	1.6	5,082	4.7	–	–	13,852	12.9
South Dakota	8,117	22.2	3,231	8.8	109	0.3	–	–	6,648	18.2
Tennessee	47,656	22.7	–	–	431	0.2	514	0.3	42,850	20.4
Texas	55,143	8.5	16,043	2.5	5,826	0.9	–	–	129,076	20.0
Utah	3,571	5.6	3,987	6.2	1,781	2.8	–	–	24,351	38.0
Vermont	790	1.6	403	0.8	179	0.4	–	–	36,069	72.3
Virginia	15,637	4.9	4,340	1.4	7,883	2.5	850	0.2	48,292	15.2
Washington	12,336	8.7	17,320	12.2	4,445	3.1	1,481	1.0	30,529	21.5
West Virginia	2,729	3.9	665	1.0	312	0.5	–	–	26,859	38.6
Wisconsin	9,233	3.0	22,420	7.1	37,757	12.0	494	0.2	43,633	13.9
Wyoming	16,735	40.8	3,136	7.6	6,578	16.0	–	–	–	–
Guam	–	–	–	–	–	–	–	–	1,476	100.0
Puerto Rico	23,020	NA	2,357	NA	3,677	NA	–	–	8,184	NA
Virgin Islands	–	–	–	–	–	–	–	–	1,867	100.0

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the civilian population by State as of July 1983, provided by the U.S. Bureau of the Census.

[2] Due to rounding the sum of the frequencies for the individual States may not equal the total for the United States.

Table 4.3. Number of inpatient and residential treatment beds and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, January 1984

State	Type of organization							
	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Total, U.S.[2]	NA	NA	131,187	55.7	21,854	9.3	NA	NA
Excluding Territories[2]	262,673	112.9	130,411	56.1	21,474	9.2	46,045	19.8
Alabama	4,501	113.9	2,287	57.9	324	8.3	586	14.7
Alaska	223	47.2	167	35.7	–	–	36	7.2
Arizona	2,251	75.5	423	14.2	76	2.5	354	11.9
Arkansas	1,223	52.5	386	16.6	–	–	245	10.4
California	19,780	78.8	6,520	26.0	2,293	9.1	3,971	15.8
Colorado	2,895	92.6	915	29.3	357	11.4	351	11.2
Connecticut	4,972	158.6	2,396	76.5	803	25.6	628	19.9
Delaware	763	126.0	532	88.1	55	9.1	86	13.9
Dist. of Col.	2,255	365.8	1,593	258.6	201	32.6	266	43.0
Florida	10,520	96.9	4,647	43.2	1,244	11.6	2,259	20.0
Georgia	9,048	158.5	4,318	75.6	1,226	21.5	891	15.6
Hawaii	550	45.2	243	24.9	127	2.2	124	12.4
Idaho	511	51.6	229	23.1	101	10.2	67	6.8
Illinois	9,725	84.7	4,094	35.7	701	6.1	2,625	22.8
Indiana	5,197	94.7	2,561	46.7	531	9.7	1,090	19.8
Iowa	2,636	90.9	963	33.1	–	–	939	32.6
Kansas	3,213	133.2	1,288	53.5	434	18.0	741	30.6
Kentucky	2,669	72.4	933	25.3	438	11.9	525	14.2
Louisiana	3,188	72.2	1,916	43.3	560	12.7	497	11.2
Maine	1,614	141.1	657	57.5	–	–	170	14.7
Maryland	5,629	131.5	3,437	80.4	639	15.0	729	16.8
Massachusetts	7,864	136.2	2,774	48.1	854	14.8	1,217	21.0
Michigan	9,560	105.6	4,411	48.7	641	7.1	1,884	20.8
Minnesota	4,857	116.7	1,691	40.8	66	1.6	1,638	39.1
Mississippi	3,252	126.5	2,046	79.7	56	2.2	352	13.6
Missouri	5,291	106.2	2,375	47.8	204	4.1	1,582	31.6

See footnotes at end of table.

Table 4.3. Number of inpatient and residential treatment beds and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, January 1984 (continued)

State	Type of organization							
	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Montana	572	70.0	407	49.9	–	–	85	10.3
Nebraska	1,414	88.7	664	41.5	–	–	345	21.7
Nevada	410	45.4	92	10.3	95	10.6	91	9.8
New Hampshire	1,013	104.7	533	55.3	117	12.1	126	12.7
New Jersey	7,850	104.9	4,876	65.3	534	7.2	1,472	19.5
New Mexico	895	64.3	287	20.6	156	11.2	154	11.0
New York	37,279	210.7	26,780	151.5	1,018	5.8	4,390	24.7
North Carolina	10,294	157.7	3,248	40.2	420	7.0	981	16.0
North Dakota	937	139.1	750	111.4	–	–	147	21.8
Ohio	10,630	99.0	4,754	44.3	681	6.3	2,755	25.7
Oklahoma	2,627	80.3	1,557	47.6	329	10.0	474	14.5
Oregon	1,869	70.1	928	34.8	64	2.4	329	12.3
Pennsylvania	17,585	148.2	10,182	85.7	1,508	12.7	2,424	20.5
Rhode Island	859	90.1	447	46.9	164	17.2	62	6.5
South Carolina	3,969	123.1	3,268	101.8	88	2.7	455	13.8
South Dakota	797	114.4	434	62.4	–	–	78	11.1
Tennessee	4,126	88.2	2,047	43.8	250	5.3	816	17.4
Texas	15,471	97.9	6,462	41.1	2,230	14.2	2,834	17.5
Utah	1,100	67.7	318	19.5	–	–	308	18.9
Vermont	620	117.6	185	35.0	–	–	62	11.6
Virginia	7,449	136.9	4,345	80.1	1,423	26.2	830	15.0
Washington	2,858	66.7	1,331	31.2	159	3.7	536	12.3
West Virginia	1,741	89.1	1,154	59.0	98	5.0	321	16.6
Wisconsin	5,210	109.5	1,160	24.4	209	4.4	2,067	43.3
Wyoming	911	177.8	400	78.1	–	–	50	9.7
Guam	17	15.7	–	–	–	–	–	–
Puerto Rico	NA	NA	776	23.8	380	11.6	NA	NA
Virgin Islands	10	9.6	–	–	–	–	–	–

See footnotes at end of table.

Table 4.3. Number of inpatient and residential treatment beds and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, January 1984 (continued)

State	Type of organization					
	VA medical centers		RTCs for emotionally disturbed children		Multiservice mental health organizations	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Total, U.S.[2]	23,826	10.1	16,969	7.2	24,479	10.4
Excluding Territories[2]	23,546	10.1	16,745	7.2	24,452	10.5
Alabama	631	16.0	142	3.6	531	13.4
Alaska	–	–	–	–	20	4.3
Arizona	149	5.0	733	24.6	516	17.3
Arkansas	360	15.5	10	0.4	222	9.6
California	1,651	6.6	2,355	9.4	2,990	11.9
Colorado	428	13.7	565	18.1	279	8.9
Connecticut	182	5.8	823	26.3	140	4.5
Delaware	–	–	90	14.9	–	–
Dist. of Col.	180	29.2	15	2.4	–	–
Florida	526	4.9	481	4.5	1,363	12.7
Georgia	868	15.2	79	1.4	1,666	29.2
Hawaii	–	–	42	4.3	14	1.4
Idaho	15	1.5	99	10.0	–	–
Illinois	1,190	10.4	484	4.2	631	5.5
Indiana	427	7.8	457	8.3	131	2.4
Iowa	409	14.1	172	5.9	153	5.2
Kansas	578	24.0	–	–	172	7.1
Kentucky	338	9.2	94	2.6	341	9.2
Louisiana	122	2.8	73	1.7	20	0.5
Maine	241	21.1	346	30.3	200	17.5
Maryland	430	10.1	394	9.2	–	–
Massachusetts	907	15.7	975	16.9	1,137	19.7
Michigan	554	6.1	802	8.9	1,268	14.0
Minnesota	891	21.5	400	9.6	171	4.1
Mississippi	540	21.0	–	–	258	10.0
Missouri	353	7.1	508	10.2	269	5.4

See footnotes at end of table.

Table 4.3. Number of inpatient and residential treatment beds and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, January 1984 (continued)

State	Type of organization					
	VA medical centers		RTCs for emotionally disturbed children		Multiservice mental health organizations	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Montana	–	–	80	9.8	–	–
Nebraska	247	15.5	41	2.6	117	7.4
Nevada	28	3.1	68	7.6	36	4.0
New Hampshire	41	4.3	84	8.7	112	11.6
New Jersey	741	9.9	187	2.5	40	0.5
New Mexico	40	2.9	55	3.9	203	14.7
New York	2,131	12.0	1,645	9.3	1,315	7.4
North Carolina	211	3.5	78	1.3	5,356	89.7
North Dakota	–	–	–	–	40	5.9
Ohio	1,151	10.7	616	5.7	673	6.3
Oklahoma	97	3.0	–	–	170	5.2
Oregon	230	8.6	225	8.5	93	3.5
Pennsylvania	1,719	14.5	1,162	9.8	590	5.0
Rhode Island	65	6.8	50	5.2	71	7.5
South Carolina	68	2.1	62	1.9	28	0.8
South Dakota	167	24.0	95	13.6	23	3.3
Tennessee	853	18.2	–	–	160	3.5
Texas	1,827	11.6	508	3.2	1,610	10.3
Utah	110	6.8	205	12.6	159	9.9
Vermont	33	6.3	18	3.4	322	61.3
Virginia	464	8.5	186	3.4	201	3.7
Washington	394	9.2	366	8.6	72	1.7
West Virginia	59	3.0	34	1.7	75	3.8
Wisconsin	561	11.8	719	15.2	494	10.4
Wyoming	339	66.2	122	23.8	–	–
Guam	–	–	–	–	17	15.7
Puerto Rico	280	8.6	224	6.9	–	–
Virgin Islands	–	–	–	–	10	9.6

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the civilian population by State as of July 1983, provided by the U.S. Bureau of the Census.

[2] Due to rounding the sum of the frequencies for the individual States may not equal the total for the United States.

Table 4.4. Number of inpatient and residential treatment additions and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983

State	Type of organization							
	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Total, U.S.[2]	NA	NA	342,637	145.3	166,775	70.7	NA	NA
Excluding Territories[2]	1,633,307	701.4	339,127	146.0	164,732	70.9	786,180	336.8
Alabama	26,861	677.0	3,218	81.5	3,614	91.6	11,152	279.1
Alaska	1,877	390.5	1,004	214.5	–	–	824	165.5
Arizona	14,075	458.3	552	18.5	1,014	34.0	7,056	223.2
Arkansas	10,986	470.5	3,066	131.8	–	–	4,490	191.2
California	164,661	644.6	12,179	48.5	20,760	82.7	76,885	295.0
Colorado	17,314	550.0	2,466	79.0	2,980	95.5	7,204	226.0
Connecticut	27,290	868.0	10,728	342.4	3,360	107.2	10,536	333.4
Delaware	4,676	768.5	1,996	330.5	768	127.2	1,645	266.6
Dist. of Col.	13,297	2,153.8	4,501	730.7	1,331	216.1	6,168	996.4
Florida	81,340	740.3	3,813	35.4	11,468	106.6	37,362	331.6
Georgia	64,157	1,113.4	26,980	472.2	7,964	139.4	16,636	281.7
Hawaii	4,554	379.7	1,314	134.9	967	16.9	2,209	221.3
Idaho	2,833	285.4	643	64.9	962	97.2	836	83.7
Illinois	78,401	683.3	23,122	201.9	4,647	40.6	40,296	350.6
Indiana	34,507	629.0	5,353	97.7	6,796	124.0	16,854	306.9
Iowa	24,564	850.2	5,086	175.1	–	–	16,775	582.1
Kansas	18,647	772.0	3,327	138.3	1,027	42.7	10,197	420.7
Kentucky	27,003	732.3	4,234	114.9	4,288	116.4	10,495	284.3
Louisiana	21,885	493.6	7,250	164.0	3,266	73.8	8,931	200.7
Maine	8,854	771.4	1,982	173.4	–	–	3,650	316.0
Maryland	26,416	612.6	7,725	180.7	2,499	58.5	14,599	336.2
Massachusetts	43,424	750.6	7,442	129.0	8,000	138.7	18,219	313.6
Michigan	56,782	626.5	12,352	136.5	6,559	72.5	28,072	309.3
Minnesota	35,586	852.4	4,940	119.0	76	1.8	21,483	512.6
Mississippi	17,236	668.8	5,329	207.5	810	31.5	6,206	239.3
Missouri	43,040	861.9	12,571	253.0	636	12.8	24,444	487.7

See footnotes at end of table.

Table 4.4. Number of inpatient and residential treatment additions and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
	Type of organization							
Montana	2,721	331.7	745	91.3	–	–	1,922	233.8
Nebraska	12,262	770.9	2,637	166.0	–	–	5,384	338.0
Nevada	5,019	553.8	1,056	118.3	800	89.6	2,126	229.8
New Hampshire	6,465	663.1	891	92.5	1,251	129.9	2,607	262.5
New Jersey	40,999	545.7	7,800	104.5	4,585	61.4	25,554	338.9
New Mexico	8,582	609.5	846	60.6	2,478	177.6	2,914	203.3
New York	134,366	758.2	33,916	191.9	4,953	28.0	77,493	436.4
North Carolina	47,539	784.1	12,128	201.6	2,560	42.6	17,817	290.0
North Dakota	5,660	841.0	2,965	440.6	–	–	2,666	396.1
Ohio	73,160	681.9	14,491	135.0	5,811	54.2	40,974	381.9
Oklahoma	21,814	667.2	9,178	280.6	1,804	55.1	8,079	247.3
Oregon	15,089	563.8	3,857	144.7	639	24.0	7,879	293.3
Pennsylvania	81,107	684.1	6,887	58.0	15,504	130.5	47,734	403.2
Rhode Island	5,608	586.9	1,091	114.4	2,440	255.8	1,216	126.4
South Carolina	18,174	559.6	7,525	234.4	1,241	38.6	8,347	253.6
South Dakota	3,536	506.3	936	134.5	–	–	1,402	199.7
Tennessee	30,393	646.1	7,636	163.3	1,903	40.7	13,424	283.2
Texas	106,658	668.9	24,036	152.7	8,914	56.6	45,722	281.8
Utah	9,046	553.4	472	29.0	–	–	5,378	328.3
Vermont	3,815	719.6	512	97.0	–	–	1,181	220.7
Virginia	44,719	816.7	9,395	173.0	11,398	209.9	17,733	319.8
Washington	22,687	525.2	3,898	91.3	1,253	29.4	14,045	322.7
West Virginia	16,943	870.0	799	40.8	2,237	114.3	7,702	397.8
Wisconsin	42,497	892.1	11,473	241.3	1,169	24.6	22,185	464.7
Wyoming	4,182	839.2	784	153.1	–	–	1,472	309.9
Guam	169	156.5	–	–	–	–	–	–
Puerto Rico	NA	NA	3,510	107.6	2,043	62.6	NA	NA
Virgin Islands	42	40.4	–	–	–	–	–	–

See footnotes at end of table.

Table 4.4. Number of inpatient and residential treatment additions and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization					
	VA medical centers		RTCs for emotionally disturbed children		Multiservice mental health organizations	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Total, U.S.[2]	149,850	63.6	16,591	7.1	177,562	75.2
Excluding Territories[2]	149,398	64.3	16,519	7.1	177,351	76.3
Alabama	3,988	101.0	9	0.2	4,880	123.6
Alaska	–	–	–	–	49	10.5
Arizona	2,603	87.2	1,239	41.5	1,611	53.9
Arkansas	1,666	71.6	4	0.2	1,760	75.7
California	11,822	47.1	3,525	14.0	39,490	157.3
Colorado	2,123	68.0	1,613	51.7	928	29.8
Connecticut	982	31.3	901	28.8	783	24.9
Delaware	–	–	267	44.2	–	–
Dist. of Col.	1,267	205.7	30	4.9	–	–
Florida	6,597	61.3	71	0.7	22,029	204.7
Georgia	5,494	96.1	56	1.0	7,027	123.0
Hawaii	–	–	30	3.1	34	3.5
Idaho	313	31.6	79	8.0	–	–
Illinois	6,568	57.3	273	2.4	3,495	30.5
Indiana	2,320	42.3	361	6.6	2,823	51.5
Iowa	1,950	67.1	132	4.5	621	21.4
Kansas	1,742	72.4	–	–	2,354	97.9
Kentucky	2,616	71.0	85	2.3	5,285	143.4
Louisiana	1,686	38.1	19	0.4	733	16.6
Maine	2,232	195.3	67	5.9	923	80.8
Maryland	1,280	29.9	313	7.3	–	–
Massachusetts	4,299	74.5	332	5.8	5,132	89.0
Michigan	3,439	38.0	1,044	11.5	5,316	58.7
Minnesota	4,384	105.6	351	8.5	4,352	104.9
Mississippi	3,109	121.1	–	–	1,782	69.4
Missouri	2,581	51.9	257	5.2	2,551	51.3

See footnotes at end of table.

Table 4.4. Number of inpatient and residential treatment additions and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization					
	VA medical centers		RTCs for emotionally disturbed children		Multiservice mental health organizations	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Montana	–	–	54	6.6	–	–
Nebraska	2,631	165.6	23	1.4	1,587	99.9
Nevada	257	28.8	169	18.9	611	68.4
New Hampshire	381	39.6	69	7.2	1,266	131.4
New Jersey	2,862	38.3	158	2.1	40	5.2
New Mexico	604	43.3	43	3.1	1,697	121.6
New York	10,153	57.5	947	5.4	6,904	39.0
North Carolina	1,266	21.0	82	1.4	13,686	227.5
North Dakota	–	–	–	–	29	4.3
Ohio	9,560	89.1	511	4.8	1,813	16.9
Oklahoma	1,238	37.8	–	–	1,515	46.4
Oregon	2,197	82.4	168	6.3	349	13.1
Pennsylvania	7,081	59.6	403	3.4	3,498	29.4
Rhode Island	512	53.7	8	0.8	341	35.8
South Carolina	945	29.4	24	0.7	92	2.9
South Dakota	1,053	151.3	117	16.8	28	4.0
Tennessee	4,955	106.0	–	–	2,475	52.9
Texas	13,980	88.8	478	3.0	13,528	86.0
Utah	1,723	105.8	12	0.7	1,461	89.6
Vermont	431	81.6	14	2.7	1,677	317.6
Virginia	4,332	79.8	54	1.0	1,807	33.2
Washington	2,135	50.0	1,234	28.9	122	2.9
West Virginia	1,110	56.7	56	2.9	5,039	257.5
Wisconsin	3,155	66.4	687	14.5	3,828	80.6
Wyoming	1,776	346.9	150	29.3	–	–
Guam	–	–	–	–	169	156.5
Puerto Rico	480	14.7	72	2.2	–	–
Virgin Islands	–	–	–	–	42	40.4

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]The population used in the calculation of these rates is the civilian population by State as of July 1983, provided by the U.S. Bureau of the Census.

[2]Due to rounding the sum of the frequencies for the individual States may not equal the total for the United States.

Table 4.5. Number of inpatient and residential treatment episodes and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983

State	Type of organization							
	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Total, U.S.[2]	NA	NA	463,707	196.7	183,245	77.7	NA	NA
Excluding Territories[2]	1,860,613	799.1	459,374	197.7	180,822	77.8	820,030	351.3
Alabama	30,610	771.7	5,335	135.1	3,787	95.9	11,490	287.5
Alaska	2,064	430.2	1,167	249.4	–	–	848	170.3
Arizona	15,937	520.4	887	29.7	1,038	34.8	7,291	230.7
Arkansas	11,917	510.4	3,372	144.9	–	–	4,644	197.8
California	181,318	710.5	18,456	73.5	22,355	89.0	79,348	304.4
Colorado	19,756	628.0	3,290	105.4	3,233	103.6	7,404	232.3
Connecticut	32,490	1,034.1	13,067	417.1	4,655	148.6	11,044	349.5
Delaware	5,406	889.0	2,525	418.0	810	134.1	1,712	277.5
Dist. of Col.	15,571	2,522.7	6,305	1,023.5	1,454	236.0	6,326	1,022.0
Florida	89,708	817.3	7,645	71.0	12,429	115.5	38,906	345.3
Georgia	72,165	1,253.1	31,323	548.2	8,869	155.2	17,168	290.7
Hawaii	4,948	414.1	1,533	157.4	1,037	18.1	2,268	227.3
Idaho	3,208	323.2	826	83.4	1,011	102.1	866	86.7
Illinois	86,344	752.5	26,950	235.3	5,209	45.5	42,007	365.5
Indiana	39,055	712.1	7,829	142.9	7,096	129.5	17,619	320.8
Iowa	26,761	926.0	5,949	204.8	–	–	17,419	604.4
Kansas	21,373	884.9	4,635	192.6	1,369	56.9	10,635	438.7
Kentucky	29,143	790.4	5,053	137.1	4,577	124.2	10,838	293.6
Louisiana	24,418	551.0	8,933	202.0	3,671	83.1	9,187	206.4
Maine	10,246	893.0	2,595	227.0	–	–	3,774	326.8
Maryland	31,258	725.7	10,721	250.8	3,076	72.0	15,139	348.6
Massachusetts	50,949	881.1	9,952	172.6	8,771	152.1	19,188	330.3
Michigan	65,253	720.0	16,572	183.1	7,052	77.9	29,411	324.0
Minnesota	39,668	1,047.2	6,519	253.9	133	3.2	22,507	537.0
Mississippi	19,957	774.7	7,129	277.6	827	32.2	6,432	248.1
Missouri	47,509	951.7	14,924	300.3	707	14.2	25,471	508.2

See footnotes at end of table.

Table 4.5. Number of inpatient and residential treatment episodes and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, January 1983 (continued)

State	Type of organization							
	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Montana	3,149	384.2	1,054	129.2	–	–	1,961	238.6
Nebraska	13,420	843.6	3,208	201.9	–	–	5,652	354.8
Nevada	5,302	585.4	1,140	127.7	865	96.9	2,179	235.6
New Hampshire	7,397	759.7	1,444	150.0	1,348	140.0	2,695	271.4
New Jersey	48,245	642.8	12,540	168.0	5,054	67.7	26,719	354.4
New Mexico	9,386	667.1	1,047	75.1	2,595	186.0	3,015	210.4
New York	167,169	943.6	57,843	327.3	5,593	31.6	81,152	457.0
North Carolina	55,475	915.9	15,227	253.2	2,852	47.4	18,500	301.1
North Dakota	6,324	939.7	3,492	518.9	–	–	2,763	410.5
Ohio	82,635	770.2	19,480	181.5	6,297	58.7	42,880	399.6
Oklahoma	23,902	731.1	10,500	321.0	2,035	62.2	8,443	258.4
Oregon	16,709	624.4	4,763	178.7	670	25.1	8,077	300.7
Pennsylvania	96,430	813.1	15,930	134.1	16,761	141.1	49,626	419.1
Rhode Island	6,377	667.3	1,553	162.8	2,578	270.2	1,269	131.9
South Carolina	21,826	673.0	10,659	332.0	1,316	40.9	8,653	262.8
South Dakota	4,215	603.7	1,333	191.5	–	–	1,449	206.4
Tennessee	34,004	723.2	9,808	209.8	2,058	44.0	13,949	294.3
Texas	119,391	101.8	29,743	189.0	10,417	66.2	47,567	293.2
Utah	9,963	609.7	764	46.9	–	–	5,571	340.1
Vermont	4,619	871.8	730	138.3	–	–	1,228	229.5
Virginia	50,872	929.8	13,281	244.5	12,256	225.7	18,338	330.7
Washington	25,138	582.5	5,151	120.7	1,344	31.5	14,406	331.0
West Virginia	18,465	948.0	1,779	90.9	2,317	118.4	7,931	409.7
Wisconsin	48,246	1,014.0	12,358	259.9	1,300	27.3	25,562	535.4
Wyoming	4,922	984.2	1,055	206.1	–	–	1,503	316.4
Guam	187	173.1	–	–	–	–	–	–
Puerto Rico	NA	NA	4,333	132.8	2,423	74.3	NA	NA
Virgin Islands	45	43.3	–	–	–	–	–	–

See footnotes at end of table.

Table 4.5. Number of inpatient and residential treatment episodes and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization					
	VA medical centers		RTCs for emotionally disturbed children		Multiservice mental health organizations	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Total, U.S.[2]	171,268	72.6	32,822	14.1	197,567	83.6
Excluding Territories[2]	170,508	73.4	32,544	14.0	197,335	84.9
Alabama	4,583	116.1	142	3.6	5,273	133.5
Alaska	–	–	–	–	49	10.5
Arizona	2,727	91.4	1,871	62.7	2,123	71.1
Arkansas	1,975	84.9	14	0.6	1,912	82.2
California	13,154	52.4	6,026	24.0	41,979	167.2
Colorado	2,538	81.3	2,136	68.4	1,155	37.0
Connecticut	1,131	36.1	1,707	54.5	886	28.3
Delaware	–	–	359	59.4	–	–
Dist. of Col.	1,441	233.9	45	7.3	–	–
Florida	7,067	65.7	553	5.1	23,108	214.7
Georgia	6,362	111.3	119	2.1	8,324	145.6
Hawaii	–	–	65	6.7	45	4.5
Idaho	329	33.2	176	17.8	–	–
Illinois	7,508	65.5	710	6.2	3,960	34.5
Indiana	2,799	51.1	771	14.1	2,941	53.7
Iowa	2,341	80.6	295	10.2	757	26.0
Kansas	2,260	93.9	–	–	2,474	102.8
Kentucky	2,917	79.2	172	4.7	5,586	151.6
Louisiana	1,789	40.5	88	2.0	750	17.0
Maine	2,442	213.6	399	34.9	1,036	90.7
Maryland	1,656	38.7	666	15.6	–	–
Massachusetts	5,625	97.5	1,249	21.7	6,164	106.9
Michigan	3,910	43.2	1,836	20.3	6,472	71.5
Minnesota	5,141	123.8	732	17.6	4,636	111.7
Mississippi	3,603	140.3	–	–	1,966	76.5
Missouri	2,875	57.9	749	15.1	2,783	56.0

See footnotes at end of table.

Table 4.5. Number of inpatient and residential treatment episodes and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization					
	VA medical centers		RTCs for emotionally disturbed children		Multiservice mental health organizations	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Montana	–	–	134	16.4	–	–
Nebraska	2,787	175.4	61	3.8	1,712	107.7
Nevada	275	30.8	211	23.6	632	70.8
New Hampshire	401	41.6	134	13.9	1,375	142.8
New Jersey	3,526	47.3	332	4.4	74	1.0
New Mexico	637	45.7	94	6.7	1,998	143.2
New York	12,007	67.9	2,464	13.9	8,110	45.9
North Carolina	1,466	24.4	150	2.5	17,280	287.3
North Dakota	–	–	–	–	69	10.3
Ohio	10,523	98.1	1,090	10.2	2,365	22.1
Oklahoma	1,314	40.2	–	–	1,610	49.3
Oregon	2,382	89.3	382	14.3	435	16.3
Pennsylvania	8,668	72.9	1,445	12.2	4,000	33.7
Rhode Island	547	57.3	54	5.7	376	39.4
South Carolina	1,002	31.2	79	2.5	117	3.6
South Dakota	1,168	167.8	209	30.0	56	8.0
Tennessee	5,616	120.1	–	–	2,573	55.0
Texas	15,604	99.1	1,172	7.4	14,888	94.6
Utah	1,819	111.7	206	12.6	1,603	98.4
Vermont	447	84.7	30	5.7	2,184	413.6
Virginia	4,794	88.3	220	4.1	1,983	36.5
Washington	2,496	58.5	1,592	37.3	149	3.5
West Virginia	1,160	59.3	87	4.4	5,191	265.3
Wisconsin	3,600	75.7	1,250	26.3	4,176	87.8
Wyoming	2,096	409.4	268	52.3	–	–
Guam	–	–	–	–	187	173.1
Puerto Rico	760	23.3	278	8.5	–	–
Virgin Islands	–	–	–	–	45	43.3

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]The population used in the calculation of these rates is the civilian population by State as of July 1983, provided by the U.S. Bureau of the Census.

[2]Due to rounding the sum of the frequencies for the individual States may not equal the total for the United States.

Table 4.6. Number of inpatient and residential treatment days in thousands and rate per 1,000 civilian population,[1] by type of mental health organization and State: United States, 1983

State	Type of organization							
	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Number in thousands	Rate per 1,000 population[1]	Number in thousands	Rate per 1,000 population[1]	Number in thousands	Rate per 1,000 population[1]	Number in thousands	Rate per 1,000 population[1]
Total, U.S.[2]	NA	NA	42,728	181.2	6,143	26.1	NA	NA
Excluding Territories[2]	81,821	352.0	42,427	182.6	6,010	25.9	12,529	53.7
Alabama	1,400	353.8	758	192.0	65	16.4	147	36.7
Alaska	77	162.8	62	132.6	–	–	10	19.3
Arizona	655	217.7	123	41.1	15	5.1	94	29.9
Arkansas	319	137.1	104	44.7	–	–	61	26.0
California	6,099	241.4	2,152	85.7	611	24.3	1,012	38.8
Colorado	925	295.8	309	99.1	95	30.3	83	26.1
Connecticut	1,786	569.6	854	272.7	369	117.8	181	57.1
Delaware	256	422.0	189	312.4	14	22.4	25	40.7
Dist. of Col.	748	1,214.7	564	915.5	48	78.2	70	113.7
Florida	3,097	285.0	1,368	127.1	339	31.5	630	55.9
Georgia	2,944	514.0	1,554	271.9	370	64.8	199	33.7
Hawaii	158	128.5	87	67.6	28	21.8	25	25.5
Idaho	140	141.2	62	63.0	20	20.3	12	11.8
Illinois	3,032	264.5	1,465	127.9	199	17.4	688	59.8
Indiana	1,652	301.6	855	156.0	131	24.0	310	56.5
Iowa	802	277.2	311	107.2	–	–	250	86.8
Kansas	985	409.2	469	195.1	127	52.8	164	67.7
Kentucky	811	220.1	293	79.5	104	28.3	154	41.7
Louisiana	1,004	227.2	641	145.0	145	32.9	149	33.6
Maine	475	416.4	215	188.4	–	–	47	40.9
Maryland	1,707	398.7	1,011	236.6	202	47.3	224	51.6
Massachusetts	2,620	453.7	906	157.0	279	48.4	333	57.3
Michigan	3,091	341.2	1,498	165.5	196	21.7	521	57.3
Minnesota	1,434	344.6	557	134.2	21	5.1	390	93.0
Mississippi	999	388.9	635	247.2	9	3.7	106	41.0
Missouri	1,629	327.0	798	160.6	33	6.6	418	83.3

See footnotes at end of table.

153

Table 4.6. Number of inpatient and residential treatment days in thousands and rate per 1,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization							
	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Number in thousands	Rate per 1,000 population[1]	Number in thousands	Rate per 1,000 population[1]	Number in thousands	Rate per 1,000 population[1]	Number in thousands	Rate per 1,000 population[1]
Montana	174	213.5	126	153.9	–	–	20	24.7
Nebraska	434	272.9	220	138.3	–	–	95	59.7
Nevada	111	122.8	30	33.5	25	27.8	20	21.4
New Hampshire	331	341.3	189	196.0	37	38.3	33	33.0
New Jersey	2,599	347.4	1,685	225.7	181	24.2	430	57.0
New Mexico	281	199.8	80	57.0	42	30.1	45	31.1
New York	11,944	675.4	8,648	489.3	269	15.2	1,354	76.3
North Carolina	3,200	531.2	1,092	181.6	106	17.7	268	43.6
North Dakota	247	366.5	192	285.3	–	–	40	59.5
Ohio	3,213	299.3	1,571	146.4	176	16.4	731	68.1
Oklahoma	729	222.8	446	136.2	87	26.7	136	41.7
Oregon	570	214.0	306	114.6	9	3.6	78	29.1
Pennsylvania	5,516	464.4	3,213	270.4	466	39.2	696	58.7
Rhode Island	272	284.9	154	161.1	54	57.0	15	15.9
South Carolina	1,263	392.3	1,069	332.8	29	8.5	115	35.0
South Dakota	236	336.4	138	197.7	–	–	15	20.7
Tennessee	1,247	266.2	665	142.3	68	14.6	229	48.3
Texas	4,638	293.2	1,975	125.5	580	36.9	793	48.9
Utah	336	206.6	107	65.9	–	–	74	45.3
Vermont	293	555.3	70	133.4	–	–	16	29.2
Virginia	2,201	404.4	1,333	245.4	350	64.5	234	42.2
Washington	922	215.6	459	107.5	35	8.2	158	36.5
West Virginia	542	277.6	373	190.6	24	12.5	94	48.5
Wisconsin	1,419	297.9	345	72.5	51	10.7	525	109.9
Wyoming	258	507.6	101	198.2	–	–	12	26.3
Guam	6	57.5	–	–	–	–	–	–
Puerto Rico	NA	NA	301	92.2	136	41.7	NA	NA
Virgin Islands	1	10.5	–	–	–	–	–	–

See footnotes at end of table.

Table 4.6. Number of inpatient and residential treatment days in thousands and rate per 1,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization					
	VA medical centers		RTCs for emotionally disturbed children		Multiservice mental health organizations	
	Number in thousands	Rate per 1,000 population[1]	Number in thousands	Rate per 1,000 population[1]	Number in thousands	Rate per 1,000 population[1]
Total, U.S.[2]	7,528	31.9	5,840	24.8	7,662	32.5
Excluding Territories[2]	7,425	32.0	5,776	24.9	7,654	32.9
Alabama	215	54.4	46	11.6	169	42.7
Alaska	–	–	–	–	5	10.9
Arizona	41	13.6	249	83.3	133	44.7
Arkansas	98	42.2	4	1.6	52	22.6
California	492	19.6	947	37.7	885	35.3
Colorado	155	49.7	191	61.3	92	29.3
Connecticut	55	17.7	289	92.2	38	12.1
Delaware	–	–	28	46.5	–	–
Dist. of Col.	61	98.4	5	8.9	–	–
Florida	176	16.3	174	16.1	410	38.1
Georgia	288	50.3	24	4.2	509	89.1
Hawaii	–	–	13	13.5	5	0.1
Idaho	10	10.0	36	36.1	–	–
Illinois	343	30.0	150	13.1	187	16.3
Indiana	164	30.0	146	26.6	46	8.5
Iowa	136	46.9	59	20.4	46	15.9
Kansas	180	74.8	–	–	45	18.8
Kentucky	109	29.5	35	9.4	116	31.7
Louisiana	37	8.4	25	5.6	7	1.7
Maine	70	61.6	107	93.9	36	31.6
Maryland	142	33.1	128	30.1	–	–
Massachusetts	391	67.8	326	56.5	385	66.7
Michigan	168	18.5	274	30.2	434	48.0
Minnesota	269	64.9	132	31.8	65	15.6
Mississippi	174	67.7	–	–	75	29.3
Missouri	108	21.8	183	36.8	89	17.9

See footnotes at end of table.

Table 4.6. Number of inpatient and residential treatment days in thousands and rate per 1,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization					
	VA medical centers		RTCs for emotionally disturbed children		Multiservice mental health organizations	
	Number in thousands	Rate per 1,000 population[1]	Number in thousands	Rate per 1,000 population[1]	Number in thousands	Rate per 1,000 population[1]
Montana	–	–	28	34.9	–	–
Nebraska	63	39.5	14	8.7	42	26.7
Nevada	7	7.4	19	21.3	10	11.4
New Hampshire	8	8.0	26	26.5	38	39.5
New Jersey	230	30.8	59	8.0	14	1.7
New Mexico	11	7.6	18	12.8	85	61.2
New York	663	37.5	550	31.1	460	26.0
North Carolina	73	12.1	25	4.2	1,636	272.0
North Dakota	–	–	–	–	15	21.7
Ohio	328	30.5	199	18.5	208	19.4
Oklahoma	28	8.5	–	–	32	9.7
Oregon	66	24.9	78	29.2	33	12.6
Pennsylvania	569	47.9	384	32.3	188	15.9
Rhode Island	14	14.2	18	19.1	17	17.6
South Carolina	19	6.5	21	6.6	10	2.9
South Dakota	45	64.0	30	43.5	8	10.5
Tennessee	243	52.1	–	–	42	8.9
Texas	573	36.4	208	13.2	509	32.3
Utah	35	21.5	69	42.1	51	31.8
Vermont	9	17.3	6	11.1	192	364.3
Virginia	158	29.1	63	11.6	63	11.6
Washington	128	30.1	125	29.2	17	4.1
West Virginia	20	10.3	11	5.6	20	10.1
Wisconsin	146	30.7	218	45.9	134	28.2
Wyoming	107	208.2	38	74.9	–	–
Guam	–	–	–	–	6	57.5
Puerto Rico	101	31.0	64	19.5	–	–
Virgin Islands	–	–	–	–	1	10.5

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]The population used in the calculation of these rates is the civilian population by State as of July 1983, provided by the U.S. Bureau of the Census.

[2]Due to rounding the sum of the frequencies for the individual States may not equal the total for the United States.

Table 4.7. Average daily inpatient and residential treatment census and percent occupancy,[1] by type of mental health organization and State: United States, 1983

State	Type of organization							
	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Average daily census	Percent occupancy[1]	Average daily census	Percent occupancy[1]	Average daily census	Percent occupancy[1]	Average daily census	Percent occupancy[1]
Total, U.S.[2]	NA	NA	117,060	89.2%	16,840	77.1%	NA	NA
Excluding Territories[2]	224,169	85.3%	116,236	89.1	16,467	76.7	34,328	74.6%
Alabama	3,833	85.2	2,077	90.8	177	54.6	402	68.6
Alaska	210	94.2	170	101.8	–	–	26	72.2
Arizona	1,795	79.7	336	79.4	42	55.3	259	73.2
Arkansas	876	71.6	285	73.8	–	–	168	68.6
California	16,709	84.5	5,895	90.4	1,673	73.0	2,773	69.8
Colorado	2,534	87.5	847	92.6	259	72.5	228	65.0
Connecticut	4,894	98.4	2,341	97.7	1,011	125.9	495	78.8
Delaware	700	91.7	517	97.2	37	67.3	69	80.2
Dist. of Col.	2,051	91.0	1,545	97.0	132	65.7	193	72.5
Florida	8,482	80.6	3,748	80.7	929	74.7	1,725	76.4
Georgia	8,066	89.1	4,257	98.6	1,015	82.8	546	61.3
Hawaii	434	78.9	239	98.4	77	60.6	70	56.4
Idaho	383	74.9	171	74.7	55	54.5	32	47.8
Illinois	8,306	85.4	4,014	98.0	545	77.7	1,884	71.8
Indiana	4,529	87.1	2,342	91.4	360	67.8	850	78.0
Iowa	2,200	83.5	853	88.6	–	–	685	72.9
Kansas	2,700	84.0	1,286	99.8	348	80.2	449	60.6
Kentucky	2,224	83.3	803	86.1	286	65.3	422	80.4
Louisiana	2,754	86.4	1,757	91.7	398	71.1	409	82.3
Maine	1,305	80.9	590	89.8	–	–	129	75.9
Maryland	4,678	83.1	2,770	80.6	554	86.7	614	84.2
Massachusetts	7,177	91.3	2,481	89.4	764	89.5	913	75.0
Michigan	8,466	88.6	4,105	93.1	537	83.8	1,426	75.7
Minnesota	3,930	80.9	1,527	90.3	58	87.9	1,068	65.2
Mississippi	2,739	84.2	1,739	85.0	26	46.4	292	82.9
Missouri	4,462	84.3	2,187	92.1	90	44.1	1,144	72.3

See footnotes at end of table.

Table 4.7. Average daily inpatient and residential treatment census and percent occupancy,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization							
	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Average daily census	Percent occupancy[1]	Average daily census	Percent occupancy[1]	Average daily census	Percent occupancy[1]	Average daily census	Percent occupancy[1]
Montana	478	83.6%	344	84.5%	–	–	56	65.9%
Nebraska	1,189	84.1	602	90.7	–	–	261	75.6
Nevada	302	73.7	82	89.1	68	71.6%	54	59.3
New Hampshire	903	89.1	517	97.0	101	86.3	90	71.4
New Jersey	7,119	90.7	4,616	94.7	496	92.9	1,177	79.9
New Mexico	767	85.7	218	76.0	115	73.7	122	79.2
New York	32,721	87.8	23,692	88.5	737	72.4	3,710	84.5
North Carolina	8,767	85.2	2,992	92.1	291	69.3	734	74.8
North Dakota	676	72.1	526	70.1	–	–	110	74.6
Ohio	8,803	82.8	4,304	90.5	483	70.9	2,003	72.7
Oklahoma	1,996	76.0	1,221	78.4	239	72.6	373	78.7
Oregon	1,564	83.7	837	90.2	26	40.6	214	65.0
Pennsylvania	15,112	85.9	8,804	86.5	1,276	84.6	1,906	78.6
Rhode Island	745	86.7	421	94.2	149	90.9	42	67.7
South Carolina	3,460	87.2	2,928	89.6	75	85.2	316	69.5
South Dakota	642	80.6	377	86.9	–	–	40	51.2
Tennessee	3,417	82.8	1,822	89.0	187	74.8	627	76.8
Texas	12,707	82.1	5,411	83.7	1,590	71.3	2,173	76.7
Utah	923	83.9	294	92.5	–	–	203	65.9
Vermont	804	129.7	193	104.3	–	–	43	69.3
Virginia	6,029	80.9	3,652	84.0	959	67.4	640	77.2
Washington	2,529	88.5	1,257	94.4	96	60.4	435	81.2
West Virginia	1,485	85.3	1022	88.6	67	68.4	257	80.1
Wisconsin	3,885	74.6	944	81.4	139	66.5	1,437	69.5
Wyoming	709	77.8	278	69.5	–	–	34	68.0
Guam	17	100.0	–	–	–	–	–	–
Puerto Rico	NA	NA	824	106.2	373	98.2	NA	NA
Virgin Islands	3	30.0	–	–	–	–	–	–

See footnotes at end of table.

Table 4.7. Average daily inpatient and residential treatment census and percent occupancy,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization					
	VA medical centers		RTCs for emotionally disturbed children		Multiservice mental health organizations	
	Average daily census	Percent occupancy[1]	Average daily census	Percent occupancy[1]	Average daily census	Percent occupancy[1]
Total, U.S.[2]	20,619	86.5%	16,000	94.3%	20,990	85.7%
Excluding Territories[2]	20,342	86.4	15,826	94.5	20,970	85.8
Alabama	589	93.3	125	88.0	463	87.2
Alaska	–	–	–	–	14	70.0
Arizona	111	74.5	681	92.9	366	70.9
Arkansas	269	74.7	10	100.0	144	64.9
California	1,349	81.7	2,594	110.1	2,425	81.1
Colorado	425	99.3	524	92.7	251	90.0
Connecticut	152	83.5	791	96.1	104	74.3
Delaware	–	–	77	85.6	–	–
Dist. of Col.	166	92.2	15	100.0	–	–
Florida	481	91.4	476	99.0	1,123	82.4
Georgia	788	90.8	66	83.5	1,394	83.7
Hawaii	–	–	36	85.7	12	85.7
Idaho	27	180.0	98	99.0	–	–
Illinois	941	79.1	410	84.7	512	81.1
Indiana	450	105.4	400	87.5	127	96.9
Iowa	373	91.2	162	94.2	127	83.0
Kansas	493	85.3	–	–	124	72.1
Kentucky	298	88.2	95	101.1	320	93.8
Louisiana	102	83.6	68	93.2	20	100.0
Maine	193	80.1	294	85.0	99	49.5
Maryland	388	90.2	352	89.3	–	–
Massachusetts	1,072	118.2	892	91.5	1,055	92.8
Michigan	459	82.9	750	93.5	1,189	93.8
Minnesota	738	82.8	362	90.5	177	103.5
Mississippi	476	88.1	–	–	206	79.8
Missouri	297	84.1	501	98.6	243	90.3

See footnotes at end of table.

Table 4.7. Average daily inpatient and residential treatment census and percent occupancy,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization					
	VA medical centers		RTCs for emotionally disturbed children		Multiservice mental health organizations	
	Average daily census	Percent occupancy[1]	Average daily census	Percent occupancy[1]	Average daily census	Percent occupancy[1]
Montana	–	–	78	97.5%	–	–
Nebraska	172	69.6%	38	92.7	116	99.1%
Nevada	18	64.3	52	76.5	28	77.8
New Hampshire	21	51.2	70	83.3	104	92.9
New Jersey	631	85.2	163	87.2	36	90.0
New Mexico	29	72.5	49	89.1	234	115.3
New York	1,816	85.2	1,506	91.5	1,260	95.8
North Carolina	199	94.3	69	88.5	4,482	83.7
North Dakota	–	–	–	–	40	100.0
Ohio	898	78.0	544	88.3	571	84.8
Oklahoma	76	78.4	–	–	87	51.2
Oregon	182	79.1	213	94.7	92	98.9
Pennsylvania	1,558	90.6	1,053	90.6	515	87.3
Rhode Island	37	56.9	50	100.0	46	64.8
South Carolina	57	83.8	58	93.5	26	92.9
South Dakota	122	73.1	83	87.4	20	87.0
Tennessee	667	78.2	–	–	114	71.3
Texas	1,569	85.9	570	112.2	1,394	86.6
Utah	96	87.3	188	91.7	142	89.3
Vermont	25	75.8	16	88.9	527	163.7
Virginia	433	93.3	172	92.5	173	86.1
Washington	352	89.3	342	93.4	47	65.3
West Virginia	55	93.2	30	88.2	54	72.0
Wisconsin	400	71.3	598	83.2	367	74.3
Wyoming	292	86.1	105	86.1	–	–
Guam	–	–	–	–	17	100.0
Puerto Rico	277	98.9	174	77.7	–	–
Virgin Islands	–	–	–	–	3	30.0

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]The percent occupancy was computed by taking the ratio of the average daily census to the number of beds at the end of the reporting year and multiplying the result by 100. As a result of this difference in time the percent occupancy for some organization types in some States may exceed 100 percent.

[2]Due to rounding the sum of the frequencies for the individual States may not equal the total for the United States.

Table 4.8. Number of inpatient and residential treatment residents at end of year and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983

State	Type of organization							
	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Number in thousands	Rate per 100,000 population[1]	Number in thousands	Rate per 100,000 population[1]	Number in thousands	Rate per 100,000 population[1]	Number in thousands	Rate per 100,000 population[1]
Total, U.S.[2]	NA	NA	117,909	50.0	16,444	7.0	NA	NA
Excluding Territories[2]	224,347	96.5	117,084	50.4	16,079	6.9	32,127	13.8
Alabama	3,937	99.6	2,153	54.5	189	4.8	376	9.4
Alaska	211	44.8	176	37.6	–	–	21	4.2
Arizona	2,475	82.5	340	11.4	44	1.5	260	8.2
Arkansas	822	35.2	289	12.4	–	–	102	4.3
California	16,653	65.9	6,096	24.3	1,613	6.4	2,538	9.7
Colorado	2,583	82.6	877	28.1	264	8.5	227	7.1
Connecticut	4,599	146.5	2,345	74.8	725	23.1	499	15.8
Delaware	675	111.5	506	83.8	32	5.3	65	10.5
Dist. of Col.	2,192	355.6	1,807	293.3	113	18.3	148	23.9
Florida	8,154	750.1	3,596	33.4	873	8.1	1,597	14.2
Georgia	8,061	140.7	4,145	72.5	1,045	18.3	543	9.2
Hawaii	453	39.2	243	24.9	83	1.5	78	7.8
Idaho	410	41.4	190	19.2	51	5.2	32	3.2
Illinois	8,027	70.1	3,910	34.1	510	4.5	1,722	15.0
Indiana	4,551	83.1	2,481	45.3	391	7.2	737	13.4
Iowa	2,118	73.0	852	29.3	–	–	640	22.2
Kansas	2,726	113.3	1,346	55.9	336	14.0	423	17.5
Kentucky	2,173	59.0	890	24.2	269	7.3	318	8.6
Louisiana	2,547	57.6	1,694	38.3	388	8.8	270	6.1
Maine	1,212	101.8	564	49.3	–	–	135	11.7
Maryland	4,904	114.6	2,741	64.2	553	12.9	531	12.2
Massachusetts	6,956	120.6	2,466	42.8	754	13.1	969	16.7
Michigan	8,276	91.5	4,107	45.4	464	5.1	1,333	14.7
Minnesota	3,787	91.0	1,547	37.2	61	1.5	1,027	24.5
Mississippi	2,671	103.9	1,734	67.5	34	1.3	215	8.3
Missouri	4,519	90.7	2,283	45.9	110	2.2	1,071	21.4

See footnotes at end of table.

Table 4.8. Number of inpatient and residential treatment residents at end of year and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization							
	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Number in thousands	Rate per 100,000 population[1]	Number in thousands	Rate per 100,000 population[1]	Number in thousands	Rate per 100,000 population[1]	Number in thousands	Rate per 100,000 population[1]
Montana	506	61.9	378	46.3	–	–	53	6.4
Nebraska	1,141	71.8	626	39.4	–	–	183	11.5
Nevada	340	37.8	107	12.0	70	7.8	52	5.6
New Hampshire	882	91.3	480	49.8	106	11.0	88	8.9
New Jersey	7,371	98.6	4,888	65.5	463	6.2	1,197	15.9
New Mexico	734	52.4	204	14.6	117	8.4	107	7.5
New York	32,332	182.8	23,343	132.1	819	4.6	3,661	20.6
North Carolina	9,494	157.6	2,908	48.3	291	4.8	695	11.3
North Dakota	647	96.1	521	77.4	–	–	86	12.8
Ohio	8,846	82.4	4,502	42.0	438	4.1	1,847	17.2
Oklahoma	1,992	60.9	1,237	37.8	247	7.6	323	9.9
Oregon	1,610	60.4	916	34.4	20	0.8	197	7.3
Pennsylvania	14,931	125.9	8,587	72.3	1,290	10.9	1,928	16.3
Rhode Island	738	77.3	380	39.8	159	16.7	52	5.4
South Carolina	3,356	104.3	2,839	88.4	75	2.4	296	9.0
South Dakota	933	134.0	379	54.5	–	–	48	6.8
Tennessee	3,484	74.3	1,964	42.0	171	3.7	503	10.5
Texas	12,427	78.6	5,465	34.7	1,595	10.1	1,794	11.1
Utah	928	56.9	293	18.0	–	–	212	12.9
Vermont	812	153.7	167	31.6	–	–	52	9.7
Virginia	6,262	115.2	3,919	72.2	1,005	18.5	595	10.7
Washington	2,572	60.1	1,327	31.1	102	2.4	378	8.7
West Virginia	1,516	77.7	1,060	54.2	71	3.6	245	12.7
Wisconsin	4,112	86.4	954	20.1	138	2.9	1,625	34.0
Wyoming	689	135.0	262	51.2	–	–	33	6.9
Guam	17	15.7	–	–	–	–	–	–
Puerto Rico	NA	NA	825	25.3	365	11.2	NA	NA
Virgin Islands	2	1.9	–	–	–	–	–	–

See footnotes at end of table.

Table 4.8. Number of inpatient and residential treatment residents at end of year and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization					
	VA medical centers		RTCs for emotionally disturbed children		Multiservice mental health organizations	
	Number in thousands	Rate per 100,000 population[1]	Number in thousands	Rate per 100,000 population[1]	Number in thousands	Rate per 100,000 population[1]
Total, U.S.[2]	20,462	8.7	15,977	6.8	23,098	9.8
Excluding Territories[2]	20,187	8.7	15,791	6.8	23,079	9.9
Alabama	579	14.7	132	3.3	508	12.9
Alaska	–	–	–	–	14	3.0
Arizona	99	3.3	721	24.2	1,011	33.9
Arkansas	254	10.9	10	0.4	167	7.2
California	1,298	5.2	2,669	10.6	2,439	9.7
Colorado	420	13.5	525	16.8	270	8.6
Connecticut	155	4.9	770	24.6	105	3.3
Delaware	–	–	72	11.9	–	–
Dist. of Col.	109	17.7	15	2.4	–	–
Florida	489	4.5	475	4.4	1,124	10.5
Georgia	804	14.1	70	1.2	1,454	25.4
Hawaii	–	–	37	3.8	12	1.2
Idaho	39	3.9	98	9.9	–	–
Illinois	939	8.2	387	3.4	559	4.9
Indiana	422	7.7	404	7.4	116	2.1
Iowa	331	11.4	166	5.7	129	4.4
Kansas	468	19.5	–	–	153	6.4
Kentucky	261	7.1	114	3.1	321	8.7
Louisiana	108	2.4	69	1.6	18	0.4
Maine	176	15.4	252	22.0	85	3.4
Maryland	713	16.7	366	8.6	–	–
Massachusetts	818	14.2	866	15.0	1,083	18.8
Michigan	450	5.0	720	8.0	1,202	13.3
Minnesota	736	17.7	353	8.5	63	1.6
Mississippi	462	18.0	–	–	226	8.8
Missouri	298	6.0	506	10.2	251	5.0

See footnotes at end of table.

Table 4.8. Number of inpatient and residential treatment residents at end of year and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization					
	VA medical centers		RTCs for emotionally disturbed children		Multiservice mental health organizations	
	Number in thousands	Rate per 100,000 population[1]	Number in thousands	Rate per 100,000 population[1]	Number in thousands	Rate per 100,000 population[1]
Montana	–	–	75	9.2	–	–
Nebraska	183	11.5	40	2.5	109	6.9
Nevada	12	1.3	64	7.2	35	3.9
New Hampshire	23	2.4	84	8.7	101	10.5
New Jersey	606	8.1	179	2.4	38	0.5
New Mexico	18	1.3	49	3.5	239	17.1
New York	1,782	10.1	1,458	8.2	1,269	7.2
North Carolina	197	3.3	72	1.2	5,331	88.7
North Dakota	–	–	–	–	40	5.9
Ohio	908	8.5	563	5.2	588	5.4
Oklahoma	76	2.3	–	–	109	3.3
Oregon	176	6.6	215	8.1	86	3.2
Pennsylvania	1,530	12.9	1,064	9.0	532	4.5
Rhode Island	40	4.2	50	5.2	57	6.0
South Carolina	57	1.8	62	1.9	27	0.8
South Dakota	398	57.2	84	12.1	24	3.4
Tennessee	718	15.4	–	–	128	2.7
Texas	1,438	9.1	457	2.9	1,678	10.7
Utah	96	5.9	182	11.2	145	8.9
Vermont	33	6.3	15	2.8	545	103.3
Virginia	373	6.9	178	3.3	192	3.6
Washington	3,534	8.3	350	8.2	61	1.4
West Virginia	49	2.5	31	1.6	60	3.1
Wisconsin	397	8.4	623	13.1	375	7.9
Wyoming	295	57.6	99	19.3	–	–
Guam	–	–	–	–	17	15.7
Puerto Rico	275	8.4	186	5.7	–	–
Virgin Islands	–	–	–	–	2	1.9

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]The population used in the calculation of these rates is the civilian population by State as of July 1983, provided by the U.S. Bureau of the Census.

[2]Due to rounding the sum of the frequencies for the individual States may not equal the total for the United States.

Table 4.9. Number of outpatient additions and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983

State	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Total, U.S.[2]	NA	NA	84,309	35.8	77,589	32.9	NA	NA
Excluding Territories[2]	2,665,943	1147.5	84,309	36.3	77,589	33.4	469,499	202.1
Alabama	36,396	920.8	–	–	521	13.2	3,139	78.6
Alaska	6,004	1,283.0	–	–	–	–	–	–
Arizona	26,763	890.5	–	–	–	–	3,243	102.6
Arkansas	22,769	978.2	159	6.8	–	–	549	23.4
California	266,424	1,055.6	11	0.0	5,913	23.5	35,680	136.9
Colorado	55,918	1,787.5	264	8.5	1,815	58.2	6,571	206.2
Connecticut	45,373	1,444.0	94	3.0	2,000	63.8	15,194	480.8
Delaware	5,645	928.4	97	16.1	–	–	1,823	295.5
Dist. of Col.	8,815	1,429.0	2,448	397.4	–	–	2,524	407.8
Florida	99,189	916.5	–	–	3,571	33.2	12,144	107.8
Georgia	74,405	1,294.1	–	–	349	6.1	14,277	241.8
Hawaii	4,695	479.4	–	–	–	–	1,074	107.6
Idaho	6,899	696.8	–	–	92	9.3	–	–
Illinois	116,685	1,017.9	–	–	–	–	26,509	230.7
Indiana	84,726	1,545.7	–	–	31,289	571.1	17,440	317.6
Iowa	30,848	1,064.2	628	21.6	–	–	8,682	301.2
Kansas	41,159	1,708.5	80	3.3	4,310	179.1	7,019	289.6
Kentucky	33,844	918.4	121	3.3	54	1.5	2,085	56.5
Louisiana	30,495	689.2	–	–	2,139	48.4	3,420	76.9
Maine	17,871	1,559.5	–	–	–	–	4,389	380.0
Maryland	43,912	1,023.4	1,291	30.2	1,844	43.1	10,873	250.4
Massachusetts	76,301	1,320.7	–	–	1,199	20.8	19,352	333.1
Michigan	121,275	1,339.3	8,417	93.0	1,323	14.6	15,931	175.5
Minnesota	72,975	1,754.5	–	–	–	–	13,525	322.7
Mississippi	23,671	920.2	–	–	–	–	3,955	152.5
Missouri	54,721	1,099.5	16,067	323.3	–	–	9,956	198.6

See footnotes at end of table.

Table 4.9. Number of outpatient additions and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization							
	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Montana	10,881	1,333.5	–	–	–	–	–	–
Nebraska	16,724	1,052.1	86	5.4	–	–	2,279	143.1
Nevada	8,750	979.9	956	107.1	–	–	–	–
New Hampshire	12,953	1,337.6	–	–	–	–	2,408	242.5
New Jersey	69,457	927.3	1,156	15.5	705	9.4	22,486	298.2
New Mexico	27,125	1,936.4	–	–	3,000	215.1	4,316	301.2
New York	273,081	1,542.6	28,632	162.0	475	2.7	94,680	533.2
North Carolina	68,675	1,140.3	69	1.1	332	5.5	3,997	65.1
North Dakota	13,148	1,953.6	–	–	–	–	529	78.6
Ohio	113,039	1,053.4	–	–	1,624	15.1	19,108	178.1
Oklahoma	45,346	1,386.5	22	0.7	1,170	35.8	1,842	56.4
Oregon	26,660	999.5	–	–	–	–	1,904	70.9
Pennsylvania	126,123	1,062.3	–	–	10,789	90.8	29,110	245.9
Rhode Island	11,777	1,233.1	–	–	948	99.4	1,740	180.9
South Carolina	20,932	651.5	485	15.1	–	–	429	13.0
South Dakota	7,760	1,114.9	–	–	–	–	–	–
Tennessee	47,049	1,004.6	589	12.6	–	–	5,840	123.2
Texas	103,480	654.7	11,558	73.4	131	0.8	14,274	88.0
Utah	12,988	796.7	–	–	–	–	1,589	97.0
Vermont	12,423	2,352.8	–	–	–	–	–	–
Virginia	47,950	881.3	153	2.8	94	1.7	4,140	74.7
Washington	36,583	854.5	–	–	239	5.6	5,171	118.8
West Virginia	21,135	1,081.7	–	–	1,183	60.4	3,069	158.5
Wisconsin	112,054	2,356.0	10,926	229.8	480	10.1	11,234	235.3
Wyoming	12,072	2,357.8	–	–	–	–	–	–
Guam	41	38.0	–	–	–	–	–	–
Puerto Rico	NA	NA	–	–	–	–	NA	NA
Virgin Islands	622	598.1	–	–	–	–	–	–

See footnotes at end of table.

Table 4.9. Number of outpatient additions and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization							
	VA medical centers		Freestanding psychiatric outpatient clinics		Residential treatment centers		Multiservice mental health organizations	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Total, U.S.[2]	112,377	47.7	551,312	233.8	32,769	14.0	1,377,126	583.9
Excluding Territories[2]	103,377	44.5	538,312	231.7	32,769	14.1	1,360,088	585.4
Alabama	3,028	76.7	–	–	–	–	29,708	752.3
Alaska	–	–	3,514	750.9	–	–	2,490	532.1
Arizona	568	19.0	3,781	126.7	2,460	82.4	16,711	559.8
Arkansas	689	29.6	1,068	45.9	–	–	20,304	872.5
California	11,707	46.6	55,962	222.8	15,765	62.8	141,386	563.0
Colorado	868	27.8	268	8.6	58	1.9	46,074	1,476.3
Connecticut	262	8.4	12,649	403.7	498	15.9	14,676	468.4
Delaware	378	62.6	1,363	225.7	–	–	1,984	328.5
Dist. of Col.	1,624	263.6	1,669	270.9	–	–	550	89.3
Florida	3,139	29.2	16,215	150.6	–	–	64,120	595.7
Georgia	196	3.4	1,748	30.6	–	–	57,835	1,012.2
Hawaii	–	–	–	–	–	–	3,621	371.8
Idaho	533	53.8	695	70.2	185	18.7	5,394	544.8
Illinois	3,669	32.0	23,126	201.9	210	1.8	63,171	551.5
Indiana	2,289	41.8	–	–	433	7.9	33,275	607.3
Iowa	1,025	35.3	13,340	459.2	235	8.1	6,938	238.8
Kansas	765	31.8	11,483	477.3	–	–	17,502	727.4
Kentucky	565	15.3	–	–	–	–	31,019	841.8
Louisiana	826	18.7	5,994	135.5	29	0.7	18,087	409.0
Maine	10	0.9	4,609	403.2	92	8.0	8,771	767.4
Maryland	798	18.7	18,258	427.2	33	0.8	10,815	253.0
Massachusetts	6,354	110.2	15,526	269.2	1,941	33.7	31,929	553.7
Michigan	7,394	81.7	38,510	425.4	503	5.6	49,197	543.5
Minnesota	1,545	37.2	23,909	575.8	1,850	44.6	32,146	774.2
Mississippi	864	33.6	–	–	–	–	18,852	734.1
Missouri	1,236	24.9	14,330	288.4	48	1.0	13,084	263.3

See footnotes at end of table.

Table 4.9. Number of outpatient additions and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization							
	VA medical centers		Freestanding psychiatric outpatient clinics		Residential treatment centers		Multiservice mental health organizations	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Montana	–	–	–	–	–	–	10,881	1,333.5
Nebraska	215	13.5	6,099	383.8	–	–	8,045	506.3
Nevada	229	25.6	–	–	2,169	242.9	5,396	604.3
New Hampshire	98	10.2	2,334	242.4	–	–	8,113	842.5
New Jersey	3,528	47.3	15,046	201.5	–	–	26,536	355.4
New Mexico	625	44.8	1,672	119.9	248	17.8	17,264	1,237.6
New York	7,389	41.8	72,817	412.0	1,436	8.1	67,652	382.8
North Carolina	1,119	18.6	387	6.4	–	–	62,771	1,043.6
North Dakota	–	–	–	–	–	–	12,619	1,875.0
Ohio	5,306	49.4	16,426	153.1	469	4.4	70,106	653.3
Oklahoma	8,196	250.6	16,987	519.3	–	–	17,129	523.7
Oregon	1,119	42.0	10,704	401.5	150	5.6	12,783	479.5
Pennsylvania	4,627	38.9	20,353	171.3	58	0.5	61,186	514.9
Rhode Island	246	25.8	1,443	151.3	1	0.1	7,399	775.6
South Carolina	1,376	42.9	5,710	177.8	–	–	12,932	402.7
South Dakota	749	107.6	28	4.0	–	–	6,983	1,003.3
Tennessee	1,904	40.7	145	3.1	–	–	38,571	825.0
Texas	5,959	37.9	8,554	54.3	–	–	63,004	400.3
Utah	183	11.2	948	58.2	–	–	10,268	630.3
Vermont	130	24.6	114	21.6	–	–	12,179	2,306.6
Virginia	2,169	39.9	10,850	199.8	–	–	30,544	562.4
Washington	1,179	27.6	3,114	72.9	1,991	46.6	24,889	583.0
West Virginia	4,189	214.1	471	24.1	–	–	12,223	624.6
Wisconsin	1,111	23.4	65,421	1376.1	1,906	40.1	20,976	441.2
Wyoming	1,399	273.2	10,672	2084.4	1	0.2	–	–
Guam	–	–	–	–	–	–	41	38.0
Puerto Rico	9,000	275.9	12,987	398.1	–	–	16,375	502.0
Virgin Islands	–	–	–	–	–	–	622	598.1

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]The population used in the calculation of these rates is the civilian population by State as of July 1983, provided by the U.S. Bureau of the Census.

[2]Due to rounding the sum of the frequencies for the individual States may not equal the total for the United States.

Table 4.10. Number of partial care additions and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983

State	Type of organization							
	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Total, U.S.[2]	NA	NA	3,750	1.6	5,642	2.4	NA	NA
Excluding Territories[2]	177,332	76.3	3,750	1.6	5,642	2.4	45,926	19.8
Alabama	2,170	55.0	–	–	250	6.3	662	16.8
Alaska	109	23.3	–	–	–	–	–	–
Arizona	914	30.1	–	–	12	0.4	260	8.2
Arkansas	1,019	43.8	58	2.5	–	–	28	1.2
California	21,020	83.1	–	–	492	2.0	4,638	17.8
Colorado	1,555	49.6	58	1.9	204	6.5	478	15.0
Connecticut	3,215	102.1	2	0.1	409	13.1	1,697	53.7
Delaware	327	53.8	18	3.0	–	–	94	15.2
Dist. of Col.	1,900	308.4	–	–	110	17.9	–	–
Florida	5,985	54.9	–	–	161	1.5	1,575	14.0
Georgia	4,189	73.2	–	–	55	1.0	296	5.0
Hawaii	556	55.3	–	–	14	0.2	214	21.4
Idaho	580	58.6	–	–	–	–	–	–
Illinois	11,371	99.0	–	–	–	–	4,303	37.4
Indiana	5,466	99.7	–	–	1,128	20.6	1,617	29.4
Iowa	1,076	37.2	–	–	–	–	524	18.2
Kansas	1,784	74.0	109	4.5	316	13.1	404	16.7
Kentucky	1,406	38.2	1	0.0	–	–	66	1.8
Louisiana	990	22.4	–	–	92	2.1	200	4.5
Maine	943	82.2	–	–	–	–	213	18.4
Maryland	2,277	53.0	90	2.1	89	2.1	834	19.2
Massachusetts	5,195	90.1	–	–	38	0.7	996	17.1
Michigan	12,251	135.1	200	2.2	275	3.0	4,151	45.7
Minnesota	5,576	133.6	–	–	–	–	3,148	75.1
Mississippi	799	31.0	–	–	–	–	172	6.6
Missouri	1,533	30.7	483	9.7	–	–	662	13.2

See footnotes at end of table.

Table 4.10. Number of partial care additions and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization							
	All organizations		State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Montana	660	80.9	–	–	–	–	–	–
Nebraska	618	38.8	–	–	–	–	307	19.3
Nevada	807	90.4	88	9.9	–	–	–	–
New Hampshire	825	85.5	–	–	–	–	78	7.9
New Jersey	5,699	76.2	–	–	–	–	1,758	23.3
New Mexico	501	35.4	–	–	7	0.5	254	17.7
New York	15,368	86.9	1,467	8.3	5	0.0	6,281	35.4
North Carolina	3,562	59.1	–	–	8	0.1	215	3.5
North Dakota	172	25.6	–	–	–	–	18	2.7
Ohio	6,172	57.6	–	–	394	3.7	1,811	16.9
Oklahoma	401	12.3	–	–	23	0.7	–	–
Oregon	1,056	39.5	–	–	–	–	369	13.7
Pennsylvania	16,144	135.9	–	–	479	4.0	3,743	31.6
Rhode Island	1,214	127.3	–	–	384	40.3	–	–
South Carolina	1,295	40.1	26	0.8	118	3.7	212	6.4
South Dakota	537	77.2	–	–	–	–	–	–
Tennessee	3,721	79.4	45	1.0	–	–	517	10.9
Texas	9,253	58.5	–	–	49	0.3	1,207	7.4
Utah	665	40.9	–	–	–	–	86	5.3
Vermont	1,215	230.1	–	–	–	–	–	–
Virginia	4,971	91.4	76	1.4	126	2.3	388	7.0
Washington	3,938	92.1	–	–	108	2.5	374	8.6
West Virginia	1,536	78.5	–	–	276	14.1	–	–
Wisconsin	2,796	58.6	1,029	21.6	20	0.4	1,076	22.5
Wyoming	–	–	–	–	–	–	–	–
Guam	39	36.1	–	–	–	–	–	–
Puerto Rico	NA	NA	–	–	–	–	–	–
Virgin Islands	62	59.6	–	–	–	–	–	–

See footnotes at end of table.

Table 4.10. Number of partial care additions and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization							
	VA medical centers		Freestanding psychiatric outpatient clinics		Residential treatment centers		Multiservice mental health organizations	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Total, U.S.[2]	10,189	4.4	5,451	2.3	3,380	1.4	104,024	44.6
Excluding Territories[2]	10,189	4.4	5,451	2.3	3,380	1.5	102,994	44.3
Alabama	50	1.3	–	–	–	–	1,208	30.6
Alaska	–	–	–	–	–	–	109	23.3
Arizona	64	2.1	–	–	22	0.7	556	18.6
Arkansas	57	2.4	–	–	–	–	876	37.6
California	3,332	13.3	792	3.2	1,587	6.3	10,179	40.5
Colorado	6	0.2	–	–	27	0.9	782	25.1
Connecticut	85	2.7	233	7.4	61	1.9	728	23.2
Delaware	–	–	–	–	–	–	215	35.6
Dist. of Col.	10	1.6	–	–	–	–	1,780	289.0
Florida	177	1.6	106	1.0	–	–	3,966	36.8
Georgia	–	–	–	–	–	–	3,838	67.2
Hawaii	–	–	19	2.0	35	3.6	274	28.1
Idaho	–	–	–	–	–	–	580	58.6
Illinois	153	1.3	217	1.9	189	1.6	6,509	56.8
Indiana	–	–	–	–	–	–	2,721	49.7
Iowa	6	0.2	–	–	184	6.3	362	12.5
Kansas	137	5.7	–	–	–	–	818	34.0
Kentucky	124	3.4	132	3.6	–	–	1,083	29.4
Louisiana	73	1.7	–	–	–	–	625	14.1
Maine	–	–	111	9.7	21	1.8	598	52.3
Maryland	87	2.0	166	3.9	33	0.8	978	22.9
Massachusetts	524	9.1	476	8.3	55	1.0	3,106	53.9
Michigan	24	0.3	1,217	13.4	47	0.5	6,337	70.0
Minnesota	241	5.8	–	–	96	2.3	2,091	50.4
Mississippi	–	–	–	–	–	–	627	24.4
Missouri	63	1.3	–	–	–	–	325	6.5

See footnotes at end of table.

Table 4.10. Number of partial care additions and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1983 (continued)

State	Type of organization							
	VA medical centers		Freestanding psychiatric outpatient clinics		Residential treatment centers		Multiservice mental health organizations	
	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]	Number	Rate per 100,000 population[1]
Montana	–	–	–	–	–	–	660	80.9
Nebraska	23	1.4	–	–	–	–	288	18.1
Nevada	–	–	–	–	224	25.1	495	55.4
New Hampshire	–	–	–	–	–	–	747	77.6
New Jersey	36	0.5	670	9.0	12	0.2	3,223	43.2
New Mexico	26	1.9	–	–	–	–	214	15.3
New York	646	3.7	116	0.7	178	1.0	6,675	37.8
North Carolina	–	–	–	–	–	–	3,339	55.5
North Dakota	–	–	–	–	–	–	154	22.9
Ohio	55	0.5	195	1.8	104	1.0	3,613	33.7
Oklahoma	19	0.6	–	–	–	–	359	11.0
Oregon	40	1.5	–	–	11	0.4	636	23.9
Pennsylvania	322	2.7	547	4.6	145	1.2	10,908	91.8
Rhode Island	62	6.5	–	–	13	1.4	755	79.1
South Carolina	–	–	–	–	–	–	939	29.2
South Dakota	–	–	–	–	27	3.9	510	73.3
Tennessee	286	6.1	57	1.2	–	–	2,816	60.2
Texas	3,177	20.2	–	–	–	–	4,820	30.6
Utah	133	8.2	–	–	–	–	446	27.4
Vermont	–	–	–	–	–	–	1,215	230.1
Virginia	110	2.0	118	2.2	–	–	4,153	76.5
Washington	41	1.0	123	2.9	265	6.2	3,027	70.9
West Virginia	–	–	–	–	–	–	1,260	64.4
Wisconsin	–	–	156	3.3	44	0.9	471	9.9
Wyoming	–	–	–	–	–	–	–	–
Guam	–	–	–	–	–	–	39	36.1
Puerto Rico	–	–	–	–	–	–	929	28.5
Virgin Islands	–	–	–	–	–	–	62	59.6

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

[1]The population used in the calculation of these rates is the civilian population by State as of July 1983, provided by the U.S. Bureau of the Census.

[2]Due to rounding the sum of the frequencies for the individual States may not equal the total for the United States.

Chapter 5

State and Federal Expenditures for Mental Health Services, United States 1983

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Introduction

Faced with growing demand for services, increased cost of providing services, and gradual erosion of available resources, administrators of State mental health agencies (SMHA), and State governments in general, are using a variety of management approaches to enhance the efficiency and effectiveness of publicly supported mental health service systems. Key to the success of management decisionmaking is the availability of reliable and valid information describing programs and the fiscal resources expended to support these programs.

In making decisions about programs, SMHA managers often examine their operations in reference to national trends or compare their operations to other States that are similar in size and organization. To determine appropriations, State legislators often request the SMHA to provide comparative data from other States. States have long maintained data systems that describe the publicly supported mental health services system and the number and types of patients served. Based on national standards developed collaboratively among the States and NIMH, information in these areas now permits high-quality interstate comparisons.

Although financial data for State mental health programs are maintained in each State according to State requirements, no standards exist that allow interstate comparisons or for aggregation into a national data base. Recognizing these shortcomings, NIMH and the States, through the National Association of State Mental Health Program Directors (NASMHPD), developed and implemented a study to acquire and report comparable data across States on the fiscal resources expended by each SMHA, other major State government agencies, and selected Federal agencies that expend significant funds for mentally ill persons. The results of this unique collaborative research, which identified approximately $12 billion in expenditures, have provided new insights into the financing of State mental health service systems and a new data source for State mental health program managers, researchers, policy analysts, and others who are interested in public financing of mental health services.

The complete study (NASMHPD 1985*a*) consists of approximately 72 expenditure and revenue tables, which present SMHA-controlled revenues and expenditures for each State for 1983 and comparative data for 1981 and 1983. This chapter is based on that study.

Purpose and Methodology

Under contract to the Division of Biometry and Applied Sciences, NIMH, NASMHPD conducted a 12-month study

- to identify FY 1983 revenues and expenditures under the direct administrative control of each SMHA;
- to determine the extent to which selected other State government agencies (e.g., corrections, education, social services) expend funds on behalf of mentally ill persons; and
- to determine the expenditures for mentally ill persons incurred by selected Federal Government programs, including Supplemental Secur-

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ity Income (SSI), Supplemental Security Disability Income (SSDI), and special education.

The methodology for documenting SMHA revenues and expenditures included the compilation of actual revenues and expenditures under the direct control of each SMHA. Use of audited figures was considered necessary to obtain the most valid and reliable data. With reference to specific SMHA financial reports of actual expenditures, it is possible to verify figures and maintain data bases for followup and analysis.

The data base for SMHA funds was predicated on each State providing revenue and expenditure figures from its archival data base. Actual mental health expenditures were compiled from State planning documents and from internal SMHA cost reports. A glossary of terms used by the States and NASMHPD ensured comparability in defining categorical revenues and expenditures.

SMHA expenditures were compiled for the following major categories:

1. State mental hospital services, including acute care (under 30 days), extended care (over 30 days), residential programs, and community/outpatient services administered by the State hospital
2. Contracts for other hospital inpatient services
3. SMHA-expenditures for community-based services, including ambulatory, inpatient, residential, and prevention services
4. SMHA support activities, including expenditures for prevention, research, training, and administration

Sources of SMHA revenues were categorized as follows:

- State government—general appropriations and other allocations earmarked for special programs
- Federal Government—Medicaid; Medicare; Alcohol, Drug Abuse, and Mental Health Block Grant; and other Federal revenues
- Local government
- First- and third-party payers
- Other sources

The revenue and expenditure study included only funds that were under the direct administrative control of the SMHA and used only for mental health programs and services. Excluded from the study were SMHA funds for mental retardation/developmental disability programs and alcoholism and drug abuse programs. Also excluded were non-SMHA-controlled expenditures and revenues of organizations that were only partially funded (vs. operated and funded) by SMHA funds. Such organizations included local community mental health centers; county or multicounty mental health and mental retardation service boards; local clinics; and/or other entities, programs, services, or facilities not directly administered by the SMHA. Financing variations among States having similar demographic characteristics were due to differences in State policies, statutes, regulations, requirements of funding sources, and/or administrative procedures.

SMHA-Controlled Expenditures and Revenues, 1983

The total SMHA-controlled FY 1983 mental health expenditures were $7,108,578,307. Figure 5.1 shows the variation in each State's total per capita expenditures, which ranged from a low of $8.50 to a high of $74.06.

Table 5.1 presents expenditures for State hospitals, other hospitals, community-based programs, and SMHA support services. On a national basis, State hospital expenditures comprised the largest proportion of State mental health agency funds (65 percent). On an individual basis, however, States varied on allocations to State hospitals and community-based programs.

Data in table 5.2 show the percentages of SMHA revenues for mental health services from State government and combined Federal funds (77 and 16 percent, respectively).

Other State Government Agency Expenditures Not Controlled by SMHAs

As part of this study, NASMHPD developed a methodology for compiling expenditures made by major State agencies other than SMHA on behalf of mentally ill persons. Until this research, little reliable financial data on these other sources of funds for mental health services were available.

A pretest conducted in Virginia and Tennessee confirmed that these other State agencies spent substantial funds for mental health services and programs and payments to clients whose disability entitled them to various direct financial subsidies. More than 33 State agencies in the two pilot States were surveyed, and approximately 10 of those studied had high levels of expenditures for mental health programs (NASMHPD 1984).

The data in the full study clearly document earlier assumptions that other State agencies provide substantial fiscal support for services for clients with mental disabilities—more than $1.8 billion in 1983 (table 5.3). Excluded from consideration were the following, which did not flow through a State government agency:

Figure 5.1

Per capita expenditures by State mental health agencies for mental health services: United States, FY 1983

- Local funds
- County or municipal funds
- Locally generated funds from foundations, private pay, United Way, insurance payments, and other sources.

In most cases, other State agency expenditures included administrative overhead, direct labor, fringe benefits, and other direct program costs or allocations. The following agencies or programs were included in the study and are discussed here in decreasing order of total expenditures.

Medicaid ($618 Million)—Spent in 25 States. When possible, the methodology used to document Medicaid expenditures consisted of compiling payments made under the Medicaid program for specific psychiatric disabilities. Both ICD-9-CM diagnostic codes and specific amounts paid on behalf of persons with mental disorders were used for accuracy in determining mental health expenditures. These included expenditures for administration, intermediate care, and actual services.

Where Medicaid expenditures could not be determined in relation to diagnostic category, they were based on service provided, service category, and/or through an estimation procedure. The specific cost-finding procedures used are available in the full report (NASMHPD 1985*b*).

State Special Education ($394 Million)—Spent in 26 States. Potential itemized expenditures of State special education funds included instructional costs for special education teachers; teacher's aides; related services, such as counseling, nursing, occupational therapy, psychological services, social work services, and special vocational services; screening; assessment; admission and individualized education placement; staff inservice training; technical assistance; and transportation. Expenditures excluded any Federal Public Law 94-142 or Public Law 85-313 funds.

SMHA Administration, SMHA Fringe Benefits ($365 Million), State-Supported Housing ($3 Million), and Other State Government Expenditures ($10 Million)—Spent in 25 States. Although major SMHA expenditures are reflected in figure 5.1, additional expenditures are incurred on behalf of each SMHA, which are managed by different State government agencies. These additional expenditures vary from State to State, but may include the following components of the SMHA system: general administration, fringe benefits, personnel administration, post office, support services, employee benefits, plant operation, maintenance and housekeeping, staffing costs, purchasing, central supplies and services, and other State government support activities.

In addition to the expenditures directly controlled by the SMHAs and those controlled by other State agencies on behalf of SMHAs, data were compiled for expenditures by other State government agencies that may have sponsored special services for mentally ill persons (youth, elderly, or other targeted populations).

The majority of housing costs on behalf of mentally ill clients were assumed by the U.S. Department of Housing and Urban Development (HUD); however, some States instituted independent funding mechanisms to provide housing for mentally ill clients. Included among these State (non-HUD) programs are

- development finance programs, including loans for the construction of new rental units or the substantial renovation of existing housing;
- home financing programs for mortgages; and
- housing rehabilitation programs.

State Social Services ($162 Million)—Spent in 17 States. Based on the State social services plan and mental health expenditures under the Federal Social Services Block Grant, a number of mental health expenditures were identified, since a variety of social services were provided to mental health clients by the States' Departments of Social Services (DSS). The DSS agency expenditures were dedicated to services such as protective custody, counseling, foster care, residential treatment, psychiatric day care, geriatric day care, homemaker services, and transportation. These programs were provided to mentally disabled clients by individual practitioners and within community-based and institutional programs that provide services to adults, children, adolescents, and the aged.

Vocational Rehabilitation (VR) ($102 Million)—Spent in 28 States. The total amount of direct and indirect VR expenditures for mentally disabled clients was determined in relation to

- client contacts and related indirect activities, including direct and indirect VR counselor caseload allotment, vocational training centers, and grants to mental health agencies to provide VR services; and
- establishment grants for construction, renovation of mental health facilities, and expansion of mental health programs.

SMHA Capital Improvements ($89 Million)—Spent in 21 States. To show the expenditures incurred on behalf of each SMHA, capital improvement expenditures for programs and facilities under the aegis of the SMHA were compiled. These expenditures, not under the direct control of the SMHA, included capital improvements and other capital-related projects for State mental health facilities and interest costs for bonds to finance construction costs of SMHA-supported facilities.

Corrections/Criminal Justice ($76 Million)—Spent in 30 States. Specific expenditures for State Department of Corrections and Criminal

Justice programs were determined on a State-by-State basis. It was expected that States would vary regarding services for mentally ill persons within the correctional system. Earlier investigation suggested that State corrections programs served mentally ill prisoners within the prison system and/or contracted their care to other public or private agencies and practitioners.

Legal and Advocacy ($5 Million)—Spent in 20 States. A variety of expenditures were incurred within the advocacy/legal category. These included costs for cases processed by a State attorney general's office, a public defender's office, and/or court system for mentally disabled persons or individuals whose mental status had not yet been determined.

Selected Federal Government Expenditures, 1983

A variety of Federal funds constitute a portion of SMHA and other State agency revenues and expenditures on behalf of mentally ill persons. This study identified four major Federal programs that contributed a total of $3 billion in 1983 (table 5.4).

Supplemental Security Income Program ($1.7 Billion), Social Security Disability Insurance Program ($1.3 Billion). The Social Security Administration has national responsibility for the administration of the SSI and SSDI programs. SSI provides a minimum income for the needy, aged, blind, and disabled. A person qualifies under the SSI program because of financial need rather than earned right. Under SSI, financial need is specified in the law and based on income or resources. SSDI provides benefits in the form of cash payments for those disabled workers and their dependents who have contributed to the Social Security trust fund through the FICA tax on earnings. These individuals are considered to have an earned right to disability insurance benefits.

The SSI and SSDI programs define disability as "inability to engage in any substantial gainful employment by reason of a medically determinable physical or mental impairment which can be expected to result in death, or has lasted, or can be expected to last, for a continuous period of not less than 12 months" (SSA 1979).

To qualify for mental illness disability payments under either SSI or SSDI, an individual must have a medically determinable impairment—demonstrable symptoms, such as an anatomical, physiological, or psychological abnormality—which can be observed through the use of medically acceptable clinical techniques. In psychiatric impairment, these signs are medically demonstrable abnormalities of behavior, affect, thought, memory, orientation, and others. To calculate expenditures for SSI/SSDI payments for each State, data were categorized on ICD-9-CM criteria for all functional psychotic disorders, functional neurotic disorders, and other functional nonpsychotic disorders.

Estimated national data for SSI/SSDI payments for mental illness were obtained for calendar year 1984 from the Social Security Administration, Division of Disability Studies, because the SSA disability program data file, basic to these analyses, did not contain ICD information prior to 1984.

The final report of the study includes detailed data by State for each disability category for SSI and SSDI payments and a detailed description of the technical procedure used to calculate the expenditures.

Public Law 94-142: Education of All Handicapped Children Act ($63 Million), Public Law 89-313: Chapter 1—Education Consolidation and Improvement Act of 1981 ($23.5 Million). Public Law 94-142 funds in FY 1983 provided both direct educational services and related services: transportation; developmental, corrective, and other support services required to assist a child to benefit from psychological services; physical and occupational therapy; early identification and assessment; counseling services; and medical services for diagnostic or evaluation purposes. School health services, social work services in schools, and parent counseling and training also were included.

Local education agencies (LEAs) used Public Law 89-313 funds in FY 1983 to assist previously institutionalized students. Changes in the State education agency, other State agency departments, and the LEAs have led to policies and practices that provide educational services to students who must remain in institutions. Public Law 89-313 is the primary source of Federal support for these children in State-operated or State-supported schools. In addition, these funds can be used for followup for children who leave the State institutions to enter educational programs within local communities.

U.S. Department of Housing and Urban Development—($10 Million). Expenditures by HUD in FY 1983 included awards of housing units for low-income elderly and handicapped persons. Loans under HUD's Section 202 program for the elderly and handicapped were used to finance new construction or purchase (with or without substantial rehabilitation) existing structures. The data in table 5.4 show HUD served chronically mentally ill persons in selected States.

Summary

As reflected in table 5.5, this NIMH-sponsored research project successfully documented over $12 billion dollars in combined SMHA, selected other State agency, and selected Federal expenditures. The specific methodologies used are described in two reports, which contain detailed State-by-State

data (NASMHPD 1985*a*,*b*). Methodologies used in this research project provide NASMHPD the means to replicate this type of research in subsequent years.

When the large expenditures incurred by other State agencies are included with SMHA expenditures, the total State government investment for mental health activities is substantial. Given the high level of expenditures, it would appear that further inquiry into the specific issues regarding interagency State government policy development and coordination is warranted. This is particularly true given the fact that the expenditures documented in the NASMHPD study were, in many cases, underestimates of actual total expenditures.

From data presented in this chapter, substantial financial investment is apparent for implementing various programs and services to a diverse clientele. These data permit the examination of publicly financed mental health services, and the detailed data base will be of considerable value to State and Federal Government agencies that wish to determine more accurately the nature of public mental health expenditures.

References

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National Association of State Mental Health Program Directors. Final report, "Selected State and Federal Government Agency Mental Health Expenditures Incurred on Behalf of Mentally Ill Persons." Alexandria, Va.: the Association, 1985*b*.

Social Security Administration. *Disability Evaluation Under Social Security: A Handbook for Physicians*. DHEW Pub. No. (SSA)79-10089. Washington, D.C.: Dept. of Health, Education, and Welfare, August 1973.

Table 5.1. State mental health agency (SMHA) expenditures for mental health services, by major program and State: United States, FY 1983

State	Total mental health agencies		State mental hospitals[1]		SMHA funds to other hospitals		Community-based programs[2]		SMHA support activities			
									Prevention, research, training		Administration	
	Expenditures	Rank	Expenditures	Rank	Expenditures	Rank	Expenditures	Rank	Expenditures	Rank	Expenditures	Rank
Total, U.S. ...	$7,108,578,307		$4,645,289,322		$ 62,052,881		$2,118,262,965		$ 85,677,777		$197,295,362	
Alabama	95,014,456	24	75,240,230	17	–		17,885,071	28	UA	UA	1,889,155	21
Alaska	18,815,330	48	12,654,536	43	–		5,689,464	47	UA	UA	471,330	38
Arizona	27,983,068	40	16,356,621	41	–		11,626,447	36	UA	UA	UA	UA
Arkansas	46,901,854	30	27,274,365	32	–		16,088,724	29	53,753	34	3,485,012	14
California	719,078,000	2	209,721,000	4	5,600,000	4	475,943,000	1	416,000	17	27,398,000	2
Colorado	77,213,229	26	50,140,909	24	–		25,863,552	19	294,902	20	913,866	29
Connecticut .	122,534,368	17	92,217,664	14	–		22,124,757	22	4,252,934	7	3,939,013	13
Delaware	30,798,400	36	27,514,300	31	–		2,921,800	51	UA	UA	362,300	41
Dist. of Col. .	14,410,000	50	UA	UA	–		12,986,000	32	125,000	30	1,299,000	27
Florida	241,157,279	7	141,999,014	9	–		79,870,959	7	UA	UA	19,287,306	3
Georgia	148,741,933	14	122,572,310	11	–		24,549,739	20	UA	UA	1,599,884	24
Hawaii	21,158,219	46	8,589,939	51	–		11,092,819	37	1,274,018	11	201,443	47
Idaho	14,702,945	49	8,610,845	50	–		5,936,900	46	37,100	37	118,100	51
Illinois	240,179,400	8	145,119,400	8	7,847,200	3	63,069,500	10	15,421,000	2	8,722,300	7
Indiana	124,283,736	15	67,813,510	21	–		54,709,814	12	324,356	19	1,436,056	25
Iowa	27,749,743	41	26,461,255	33	–		947,275	53	123,611	31	217,602	45
Kansas	53,432,969	29	44,313,159	27	–		7,798,534	42	967,218	15	354,058	42
Kentucky	62,358,785	27	42,586,588	27	–		19,240,458	25	UA	UA	531,739	37
Louisiana	102,693,930	21	73,393,554	18	1,335,777	6	24,135,157	21	1,104,925	13	2,724,517	17
Maine	35,934,952	34	25,395,539	34	–		9,917,177	39	53,000	35	569,236	36
Maryland	158,889,415	12	125,157,584	10	–		18,557,448	27	4,319,063	6	10,855,320	4
Massachusetts	198,067,701	10	86,622,441	15	–		111,445,260	4	UA	UA	UA	UA
Michigan	349,365,800	4	240,782,000	3	2,733,200	5	90,205,500	6	6,114,000	4	9,530,700	6
Minnesota	123,940,000	16	55,936,000	23	21,073,000	2	46,298,000	15	UA	UA	633,000	35
Mississippi	41,738,833	31	33,564,090	28	–		6,565,709	44	244,533	22	1,364,601	26
Missouri	121,761,087	18	67,653,476	22	–		50,239,240	14	407,158	18	3,461,213	15
Montana	22,727,825	44	16,018,290	42	–		6,292,230	45	208,656	24	208,649	46
Nebraska	30,332,520	37	23,670,518	37	222,141	7	5,454,896	48	–	41	984,965	28
Nevada	22,276,144	45	12,502,888	45	–		9,421,524	40	25,882	38	325,850	44
New Hampshire	37,010,181	33	23,842,634	36	–		12,198,605	35	232,041	23	736,901	32

See footnotes at end of table.

Table 5.1. State mental health agency (SMHA) expenditures for mental health services, by major program and State: United States, FY 1983 (continued)

State	Total mental health agencies		State mental hospitals[1]		SMHA funds to other hospitals		Community-based programs[2]		SMHA support activities			
									Prevention, research, training		Administration	
	Expenditures	Rank	Expenditures	Rank	Expenditures	Rank	Expenditures	Rank	Expenditures	Rank	Expenditures	Rank
New Jersey ..	$ 233,012,891	9	$ 162,654,999	7	$23,141,563	1	$ 40,675,535	16	$ 194,000	25	$ 6,246,794	9
New Mexico .	34,475,058	35	19,710,970	40	–		13,919,246	30	111,234	32	733,600	33
New York	1,306,059,562	1	1,079,794,000	1	–		168,062,562	2	22,342,000	1	35,861,000	1
North Carolina ...	170,334,086	11	104,070,591	13	–		64,501,703	8	52,698	36	733,600	22
North Dakota	28,085,146	39	20,246,337	39	–		7,693,739	43	UA	UA	145,070	49
Ohio	305,404,390	5	195,030,120	5	–		98,304,092	5	2,291,727	9	9,778,443	5
Oklahoma	108,206,297	19	70,506,975	19	–		32,719,962	17	178,296	28	4,801,064	12
Oregon	56,740,169	28	33,313,579	29	–		20,293,185	24	492,349	16	2,641,056	19
Pennsylvania	563,403,124	3	434,722,000	2	–		113,837,293	3	11,800,000	3	3,043,831	16
Puerto Rico	27,720,492	42	12,388,345	46	–		12,683,780	33	187,281	27	2,461,086	20
Rhode Island	29,963,008	38	21,438,902	38	–		7,936,575	41	150,000	29	437,531	40
South Carolina ...	104,044,093	20	77,162,587	16	–		20,634,307	23	1,088,567	14	5,158,632	11
South Dakota	14,324,519	51	9,883,492	48	–		3,675,683	49	–	41	765,344	30
Tennessee ...	92,924,110	25	70,155,924	20	–		18,927,781	26	1,182,331	12	2,658,344	18
Texas	249,340,576	6	175,909,853	6	–		61,379,975	11	5,146,678	5	6,904,070	8
Utah	25,614,014	43	12,535,322	44	–		12,345,443	34	293,847	21	439,402	39
Vermont	20,787,806	47	9,624,888	49	–		10,278,014	38	193,339	26	691,565	34
Virgin Islands	2,409,750	53	UA	UA	–		2,147,650	52	103,760	33	158,340	48
Virginia	154,682,175	13	119,167,150	12	–		26,884,120	18	2,410,345	8	6,220,560	10
Washington ..	99,930,000	22	45,893,000	25	–		50,970,000	13	1,449,000	10	1,618,000	23
West Virginia	39,158,259	32	25,219,411	35	–		13,599,903	31	UA	UA	338,945	43
Wisconsin	96,382,644	23	31,520,100	30	–		64,112,796	9	10,775	39	738,973	31
Wyoming	14,323,936	52	10,596,102	47	–		3,604,062	50	–	41	123,772	50

[1]Includes acute care, extended care, residential, and community/outpatient programs.

[2]Includes inpatient, residential, ambulatory, and prevention programs.

– Quantity or percent zero.

UA Services provided but exact expenditures are unallocatable.

Table 5.2. State mental health agency (SMHA) revenues for mental health services, by revenue source and State: United States, FY 1983

State	Revenues		State government	Percent	Federal Government	Percent	Local government	Percent	First- and third-party payments	Percent	Other sources	Percent
	Total	Per capita										
Total and percent	$7,177,880,488	$30.46	$5,505,617,154	76.7%	$1,178,193,068	16.4%	$183,037,029	2.6%	$200,735,137	2.8%	$121,521,997	1.7%
Alabama	88,579,721	22.52	75,998,621	85.8	9,017,836	10.2	–	–	–	–	3,563,264	4.0
Alaska	18,815,330	41.17	14,258,275	75.8	2,412,600	12.8	–	–	2,144,455	11.4	–	–
Arizona	29,789,783	10.12	23,216,670	77.9	5,559,460	18.7	–	–	1,013,653	3.4	–	–
Arkansas	48,144,436	20.81	34,701,736	72.1	12,671,937	26.3	UA	UA	770,763	1.6	UA	UA
California	719,078,000	28.88	538,611,000	74.9	72,484,000	10.1	48,875,000	6.8	–	–	59,108,000	8.2
Colorado	81,893,944	26.39	62,649,991	76.5	13,299,834	16.2	–	–	4,188,476	5.1	1,755,643	2.1
Connecticut	122,534,368	39.22	120,070,706	98.0	2,463,662	2.0	–	–	GF	GF	–	–
Delaware	31,235,100	52.06	30,971,100	99.2	264,000	0.9	–	–	GF	GF	–	–
Dist. of Col.....	14,410,000	23.55	13,188,000	91.5	1,219,000	8.5	–	–	3,000	–	–	–
Florida	262,750,742	24.69	183,177,153	69.7	54,038,479	20.6	19,277,155	7.3	–	–	17,508,852	6.7
Georgia	149,198,336	26.36	135,310,386	90.7	13,887,950	9.3	–	–	–	–	–	–
Hawaii	21,928,204	22.75	20,117,002	91.7	1,075,182	4.9	–	–	707,579	3.2	28,441	0.1
Idaho	14,799,445	15.09	10,495,200	70.9	1,853,645	12.5	–	–	2,450,600	16.6	–	–
Illinois	240,179,400	21.00	204,713,100	85.2	30,357,400	12.6	–	–	5,108,900	2.1	–	–
Indiana	149,611,931	27.37	108,302,959	72.4	26,201,838	17.5	–	–	15,107,134	10.1	–	–
Iowa	27,760,573	9.57	9,515,385	34.3	3,620,054	13.0	12,848,601	46.3	1,776,533	6.4	–	–
Kansas	53,432,969	22.28	35,730,535	66.9	13,016,425	24.4	–	–	4,602,823	8.6	83,186	0.2
Kentucky	61,827,043	16.81	39,641,695	64.1	14,649,879	23.7	–	–	1,164,850	1.9	6,370,619	10.3
Louisiana	102,693,930	23.29	95,897,459	93.4	6,796,471	6.6	–	–	GF	GF	–	–
Maine	35,934,952	31.66	33,118,413	92.2	2,816,539	7.8	–	–	–	–	–	–
Maryland	158,889,415	37.39	156,369,972	98.4	1,851,076	1.2	668,367	0.4	GF	GF	–	–
Massachusetts	206,286,940	35.89	193,247,850	93.7	11,754,124	5.7	–	–	995,791	0.5	289,175	0.1
Michigan	352,363,700	38.98	343,279,500	97.4	5,394,100	1.5	787,000	0.2	–	–	2,903,100	0.8
Minnesota	123,940,000	29.92	74,836,000	60.4	39,741,000	32.1	8,861,000	7.2	475,000	0.4	–	–
Mississippi	41,738,933	16.31	31,978,653	76.6	7,687,272	18.4	–	–	–	–	2,073,008	5.0
Missouri	121,761,087	24.62	115,155,398	94.6	6,358,956	5.2	–	–	–	–	246,733	0.2
Montana	22,727,852	28.02	19,211,675	84.5	2,869,954	12.6	–	–	646,233	2.8	–	–
Nebraska	32,408,721	20.46	22,457,181	69.3	5,519,688	17.0	997,571	3.1	2,650,558	8.2	783,723	2.4
Nevada	22,276,143	25.20	15,987,627	71.8	3,392,243	15.2	–	–	1,552,220	7.0	1,344,053	6.0
New Hampshire ..	37,010,181	38.84	29,791,934	80.5	7,135,606	19.3	82,641	0.2	UA	UA	UA	UA

See footnotes at end of table.

Table 5.2. State mental health agency (SMHA) revenues for mental health services, by revenue source and State: United States, FY 1983 (continued)

State	Revenues		State government	Percent	Federal Government	Percent	Local government	Percent	First- and third-party payments	Percent	Other sources	Percent
	Total	Per capita										
New Jersey	$ 233,012,891	$31.32	$151,944,009	65.2%	$ 39,815,277	17.1%	$37,662,826	16.2%	$ 3,590,779	1.5%	–	–
New Mexico	36,562,430	26.44	30,259,830	82.8	5,808,000	15.9	22,800	0.1	–	–	$ 471,800	1.3%
New York	1,306,059,562	74.06	855,433,066	65.5	387,319,649	29.7	–	–	63,306,847	4.9	–	–
North Carolina	171,385,072	28.70	114,270,492	66.7	22,163,734	12.9	20,741,858	12.1	9,871,234	5.8	4,337,754	2.5
North Dakota	28,085,146	41.92	18,129,513	64.6	3,114,182	11.1	–	–	–	–	6,841,451	24.4
Ohio	305,274,390	28.47	223,739,940	73.3	65,425,331	21.4	–	–	16,109,111	5.3	–	–
Oklahoma	104,827,611	31.99	83,455,201	79.6	16,857,485	16.1	–	–	2,748,228	2.6	1,766,697	1.7
Oregon	56,740,169	21.35	41,117,833	72.5	12,281,894	21.7	–	–	2,053,889	3.6	1,286,553	2.3
Pennsylvania	563,403,124	47.44	390,894,742	69.4	133,089,316	23.6	$ 8,855,066	1.6%	29,564,000	5.3	1,000,000	0.2
Puerto Rico	27,720,402	8.50	24,760,125	89.3	2,960,277	10.7	–	–	–	–	–	–
Rhode Island	32,678,451	34.40	28,199,071	86.3	3,214,567	9.8	–	–	–	–	1,264,813	3.9
South Carolina	104,365,233	32.71	79,813,246	76.5	14,365,308	13.8	2,193,452	2.1	1,524,764	1.5	6,468,463	6.2
South Dakota	15,207,958	22.01	10,922,387	71.8	4,285,571	28.2	–	–	–	–	–	–
Tennessee	92,924,110	19.97	72,807,877	78.1	14,001,586	15.1	–	–	6,042,260	6.5	272,387	0.3
Texas	249,340,576	15.95	238,147,293	95.5	10,143,283	4.1	–	–	–	–	1,050,000	0.4
Utah	25,614,014	15.91	19,274,675	75.2	4,926,666	19.2	–	–	808,420	3.2	604,253	2.4
Vermont	20,787,806	39.60	11,479,476	55.2	9,308,330	44.8	–	–	–	–	–	–
Virgin Islands	2,425,280	23.36	1,023,230	42.2	1,386,520	57.2	–	–	15,530	0.6	–	–
Virginia	154,682,245	28.68	118,133,485	76.4	23,382,980	15.1	–	–	13,165,780	8.5	–	–
Washington	102,918,000	24.25	82,394,000	80.1	17,587,000	17.1	357,000	0.4	2,580,000	2.5	–	–
West Virginia	39,158,259	19.96	35,559,538	90.8	2,304,371	5.9	1,276,590	3.3	GF	GF	17,760	0.1
Wisconsin	96,382,644	20.32	69,242,680	71.8	4,621,641	4.8	19,530,102	20.3	2,988,221	3.1	–	–
Wyoming	14,323,936	27.92	12,814,261	89.5	419,890	2.9	–	–	1,007,516	7.0	82,269	0.6

UA Funds received but exact revenues are unallocatable.
GF Funds collected from SMHA-operated facilities, which revert to the State general fund.
– Quantity or percent zero.

Table 5.3. Selected State agency expenditures on behalf of mentally ill persons, by State agency and program: United States, FY 1983

State	Total selected State agency expenditures	Medicaid program	State special education	Other agencies (housing, fringe, administration)	Social services	Vocational rehabilitation	SMHA capital improvement projects	Corrections/ criminal justice	Legal and advocacy
Total, U.S. ...	$1,824,797,628	$617,954,098	$393,754,724	$377,789,242	$162,363,464	$101,993,433	$89,070,000	$76,466,585	$5,406,082
Alabama	6,593,342	NA	NA	NA	NA	NA	5,428,971	1,164,371	NA
Alaska	NA	NA	NA	NA	NA	NA	NA	NA	NA
Arizona	NA	NA	NA	NA	NA	NA	NA	NA	NA
Arkansas	23,787,108	12,397,150	1,282,880	2,388,257	4,782,291	758,382	1,345,845	831,077	1,226
California	99,841,772	99,041,772	NA	NA	NA	NA	NA	NA	NA
Colorado	6,737,726	NA	NA	341,097	5,682,336	714,293	NA	NA	NA
Connecticut .	148,526,861	54,576,310	25,377,182	37,841,652	25,832,111	NA	4,245,120	452,031	202,455
Delaware	9,179,766	2,463,920	5,944,110	NA	NA	480,517	NA	204,780	86,439
Dist. of Col. .	NA	NA	NA	NA	NA	NA	NA	NA	NA
Florida	113,189,406	25,137,814	54,617,949	1,748,182	NA	7,279,408	20,688,894	3,717,159	NA
Georgia	87,796,798	42,385,089	33,989,523	3,817,553	1,096,614	615,528	4,622,491	1,270,000	NA
Guam	NA	NA	NA	NA	NA	NA	NA	NA	NA
Hawaii	8,146,317	NA	7,842,134	NA	NA	NA	NA	NA	304,183
Idaho	3,090,709	1,035,257	1,016,249	1,548	191,700	625,118	NA	175,400	45,437
Illinois	41,490,461	31,119,900	NA	NA	NA	2,233,961	600,000	7,200,000	336,600
Indiana	36,861,784	4,085,629	5,283,681	771,758	19,896,853	1,739,545	NA	5,084,318	NA
Iowa	64,450,771	24,843,580	20,299,763	212,330	13,560,493	703,297	323,908	4,494,477	12,923
Kansas	NA	NA	NA	NA	NA	NA	NA	NA	NA
Kentucky	NA	NA	NA	NA	NA	NA	NA	NA	NA
Louisiana	50,178,952	20,187,352	7,831,034	1,086,611	10,537,486	4,521,317	3,443,822	2,332,330	239,000
Maine	NA	NA	NA	NA	NA	NA	NA	NA	NA
Maryland	111,564,573	47,809,864	NA	29,058,197	15,632,542	1,131,591	8,093,569	9,487,884	350,926
Massachusetts	30,548,511	18,257,867	707,867	NA	NA	1,861,949	NA	9,375,948	345,480
Michigan	60,767,377	44,305,000	7,848,377	NA	NA	6,733,000	1,881,000	NA	NA
Minnesota	NA	NA	NA	NA	NA	NA	NA	NA	NA
Mississippi	NA	NA	NA	NA	NA	NA	NA	NA	NA
Missouri	60,782,808	19,152,847	10,259,012	17,494,161	690,000	NA	12,188,791	620,086	377,911
Montana	8,564,448	1,871,906	1,210,307	74,868	4,702,659	223,164	184,182	242,408	54,954
Nebraska	NA	NA	NA	NA	NA	NA	NA	NA	NA
Nevada	419,947	NA	NA	NA	NA	111,246	NA	308,701	NA
New Hampshire ..	11,217,065	8,573,155	1,151,814	369,712	NA	560,343	257,315	196,545	108,181

See footnotes at end of table.

Table 5.3. Selected State agency expenditures on behalf of mentally ill persons, by State agency and program: United States, FY 1983 (continued)

State	Total selected State agency expenditures	Medicaid program	State special education	Other agencies (housing, fringe, administration)	Social services	Vocational rehabilitation	SMHA capital improvement projects	Corrections/ criminal justice	Legal and advocacy
New Jersey	$ 50,084,346	$38,546,316	NA	$ 89,266	NA	$ 4,684,424	$ 3,744,101	$ 1,538,883	$1,481,356
New Mexico ...	NA	NA	NA	NA	NA	NA	NA	NA	NA
New York	403,124,000	NA	$114,700,000	260,000,000	NA	28,000,000	NA	424,000	NA
North Carolina	27,383,669	3,203,446	8,896,700	1,158,382	NA	8,082,466	NA	6,042,675	NA
North Dakota .	NA	NA	NA	NA	NA	NA	NA	NA	NA
Ohio	20,988,250	NA	18,414,645	1,173,605	NA	NA	1,400,000	NA	NA
Oklahoma	5,820,221	NA	NA	3,666,853	NA	NA	1,025,364	1,119,920	8,084
Oregon	12,132,853	4,867,151	311,318	817,600	5,028,615	343,250	87,549	547,370	130,000
Pennsylvania ..	NA	NA	NA	NA	NA	NA	NA	NA	NA
Puerto Rico ...	NA	NA	NA	NA	NA	NA	NA	NA	NA
Rhode Island ..	53,598,602	40,218,200	8,870,748	1,305,019	481,634	42,820	2,466,594	NA	213,587
South Carolina	29,781,699	NA	7,370,045	NA	NA	10,565,296	9,097,398	2,748,960	NA
South Dakota	949,708	NA	386,982	NA	NA	562,726	NA	NA	NA
Tennessee	73,944,130	47,228,773	1,544,020	11,789,645	3,519,315	2,236,632	2,125,387	4,430,118	1,070,240
Texas	69,946,378	18,800,349	25,802,228	2,082,365	4,448,103	11,442,241	6,988,499	357,593	25,000
Utah	20,948,027	4,010,602	10,764,126	284,433	4,068,270	585,045	NA	1,235,551	NA
Vermont	NA	NA	NA	NA	NA	NA	NA	NA	NA
Virgin Islands	NA	NA	NA	NA	NA	NA	NA	NA	NA
Virginia	49,272,909	NA	NA	9,061	42,212,442	NA	NA	7,051,406	NA
Washington ...	NA	NA	NA	NA	NA	NA	NA	NA	NA
West Virginia	6,427,288	3,035,449	NA	NA	NA	3,064,299	231,200	84,240	12,100
Wisconsin	16,659,046	NA	12,032,030	207,087	NA	2,091,575	NA	2,328,354	NA
Wyoming	NA	NA	NA	NA	NA	NA	NA	NA	NA

NA Data not available.

Table 5.4. Selected Federal Government agency expenditures on behalf of mentally ill persons, by agency and State: United States, FY 1983

State	Total Federal programs	Health Care Financing Administration		Special education		U.S. HUD Section 202 Housing for CMI
		SSDI	SSI	P.L. 94–142	P.L. 89–313	
Total, U.S.	$3,066,091,286	$1,675,820,000	$1,284,985,000	$63,634,126	$23,584,471	$18,067,689
Alabama	56,261,779	31,316,000	23,644,000	1,211,345	90,434	–
Alaska	2,674,642	1,339,000	1,233,000	58,290	44,352	–
Arizona	40,879,746	23,567,000	15,345,000	1,141,128	1,518	825,100
Arkansas	16,878,025	8,961,000	6,459,000	116,963	33,603	1,307,459
California	388,516,574	202,249,000	183,595,000	1,970,720	276,054	425,800
Colorado	30,227,560	15,179,000	11,450,000	1,751,870	159,600	1,687,090
Connecticut	22,425,262	14,223,000	5,128,000	2,815,182	259,080	–
Delaware	8,145,371	4,337,000	2,838,000	509,983	460,388	–
Dist. of Col.	15,659,445	6,569,000	8,612,000	4,433	474,012	–
Florida	116,599,731	66,459,000	49,249,000	106,306	878,625	1,906,800
Georgia	87,224,816	47,931,000	35,309,000	3,631,008	353,808	–
Guam	43,746	NA	NA	12,246	31,500	–
Hawaii	14,213,198	7,271,000	6,830,000	76,760	35,438	–
Idaho	5,609,989	3,189,000	2,309,000	104,624	7,365	–
Illinois	195,253,160	97,584,000	87,021,000	4,475,744	6,172,416	–
Indiana	70,761,312	41,999,000	28,048,000	500,904	213,408	–
Iowa	34,683,809	21,717,000	11,234,000	1,097,656	88,913	546,240
Kansas	28,747,957	16,455,000	11,293,000	800,234	199,633	–
Kentucky	49,776,462	27,457,000	21,765,000	449,864	104,598	–
Louisiana	37,200,126	20,059,000	16,108,000	767,728	265,398	–
Maine	23,247,338	13,011,000	9,218,000	786,822	231,516	–
Maryland	40,613,716	21,302,000	18,144,000	723,576	444,140	–
Massachusetts ..	89,148,610	42,414,000	41,553,000	3,827,250	1,354,360	–
Michigan	222,208,364	125,744,000	91,562,000	4,270,062	632,302	–
Minnesota	66,193,415	40,309,000	24,525,000	1,322,400	37,015	–
Mississippi	45,542,943	25,352,000	19,631,000	81,800	5,643	472,500
Missouri	51,168,115	28,797,000	20,806,000	1,516,794	48,321	–
Montana	6,513,652	4,113,000	2,250,000	123,264	27,388	–
Nebraska	13,172,971	8,259,000	4,462,000	396,916	55,055	–
Nevada	9,372,227	5,230,000	3,953,000	127,988	61,239	–
New Hampshire	12,062,635	6,824,000	4,247,000	154,456	185,679	651,500
New Jersey	94,099,653	50,546,000	39,909,000	3,104,653	540,000	–
New Mexico	15,297,996	7,876,000	6,967,000	416,706	38,290	–
New York	239,106,025	121,566,000	104,265,000	7,233,640	4,134,685	1,906,700
North Carolina .	49,900,659	30,582,000	17,968,000	1,088,115	262,544	–
North Dakota ...	3,527,765	2,296,000	1,174,000	56,448	1,317	–
Ohio	225,619,154	129,698,000	92,952,000	1,332,648	222,006	1,414,500
Oklahoma	30,500,837	18,018,000	11,606,000	203,193	41,344	632,300
Oregon	15,665,923	8,036,000	6,224,000	430,784	364,039	611,100
Pennsylvania	112,726,081	55,234,000	51,457,000	2,711,700	2,685,881	637,500
Puerto Rico	29,861,630	29,690,000	39,000	114,730	17,900	–
Rhode Island	16,551,788	9,790,000	6,498,000	225,828	37,960	–
South Carolina .	41,129,854	22,642,000	17,263,000	1,210,266	14,588	–
South Dakota ...	5,671,694	3,603,000	1,996,000	51,985	20,709	–
Tennessee	45,830,558	24,874,000	19,475,000	478,828	193,930	808,800
Texas	84,469,974	45,412,000	34,233,000	3,194,356	1,129,118	501,500
Utah	16,204,333	8,227,000	5,793,000	2,130,282	54,051	–
Vermont	8,004,246	4,432,000	3,425,000	81,810	65,436	–
Virgin Islands ...	377,055	350,000	NA	NA	27,055	–
Virginia	51,969,343	28,605,000	21,138,000	1,355,532	225,811	645,000
Washington	60,251,158	28,797,000	27,421,000	818,154	127,204	3,087,800
West Virginia ...	19,055,248	10,555,000	8,220,000	255,528	24,720	–
Wisconsin	95,760,678	53,639,000	40,026,000	2,004,460	91,218	–
Wyoming	3,482,938	2,136,000	1,115,000	200,074	31,864	–

NA Data not available.
– Quantity or percent zero.

Table 5.5. Estimated total of selected State and Federal agency mental health expenditures, by State: United States, FY 1983

State	Selected FY 1983 expenditures			
	Total	SMHA–controlled	Other State government[1]	Federal Government
Total	$11,999,467,221	$7,108,578,307	$1,824,797,628	$3,066,091,286
Alabama	157,869,577	95,014,456	6,593,342	56,261,779
Alaska	21,489,972	18,815,330	NA	2,674,642
Arizona	68,862,814	27,983,068	NA	40,879,746
Arkansas	87,566,987	46,901,854	23,787,108	16,878,025
California	1,207,436,346	719,078,000	99,841,772	388,516,574
Colorado	114,178,515	77,213,229	6,737,726	30,227,560
Connecticut	293,486,491	122,534,368	148,526,861	22,425,262
Delaware	48,123,537	30,798,400	9,179,766	8,145,371
Dist. of Col.	30,069,445	14,410,000	NA	15,659,445
Florida	470,946,416	241,157,279	113,189,406	116,599,731
Georgia	323,763,547	140,741,933	87,796,798	87,224,816
Guam	43,746	NA	NA	43,746
Hawaii	43,517,734	21,150,219	8,146,317	14,213,198
Idaho	23,403,643	14,702,945	3,090,709	5,609,989
Illinois	476,923,021	240,179,400	41,490,461	195,253,160
Indiana	231,906,832	124,283,736	36,861,784	70,761,312
Iowa	126,884,323	27,749,743	64,450,771	34,683,809
Kansas	82,180,926	53,432,969	NA	28,747,957
Kentucky	112,135,247	62,358,785	NA	49,776,462
Louisiana	190,073,008	102,693,930	50,178,952	37,200,126
Maine	59,182,290	35,934,952	NA	23,247,338
Maryland	311,067,704	158,889,415	111,564,573	40,613,716
Massachusetts	317,764,822	198,067,701	30,548,511	89,148,610
Michigan	632,341,541	349,365,800	60,767,377	222,208,364
Minnesota	190,133,415	123,940,000	NA	66,193,415
Mississippi	87,281,876	41,738,933	NA	45,542,943
Missouri	233,712,010	121,761,087	60,782,808	51,168,115
Montana	37,805,925	22,727,825	8,564,448	6,513,652
Nebraska	43,505,491	30,332,520	NA	13,172,971
Nevada	32,068,318	22,276,144	419,947	9,372,227
New Hampshire	60,289,881	37,010,181	11,217,065	12,062,635
New Jersey	377,196,890	233,012,891	50,084,346	94,099,653
New Mexico	49,773,054	34,475,058	NA	15,297,996
New York	1,948,289,587	1,306,059,562	403,124,000	239,106,025
North Carolina	247,618,414	170,334,086	27,383,669	49,900,659
North Dakota	31,612,911	28,085,146	NA	3,527,765
Ohio	552,011,794	305,404,390	20,988,250	225,619,154
Oklahoma	144,527,355	108,206,297	5,820,221	30,500,837
Oregon	84,538,945	56,740,169	12,132,853	15,665,923
Pennsylvania	676,129,205	563,403,124	NA	112,726,081
Puerto Rico	57,582,122	27,720,492	NA	29,861,620
Rhode Island	100,113,398	29,963,008	53,598,602	16,551,788
South Carolina	174,955,646	104,044,093	29,781,699	41,129,854
South Dakota	20,945,921	14,324,519	949,708	5,671,694
Tennessee	212,698,798	92,924,110	73,944,130	45,830,558
Texas	403,756,928	249,340,576	69,946,378	84,469,974
Utah	62,766,374	25,614,014	20,948,027	16,204,333
Vermont	28,792,052	20,787,806	NA	8,004,246
Virgin Islands	2,786,805	2,409,750	NA	377,055
Virginia	255,924,427	154,682,175	49,272,909	51,969,343
Washington	160,181,158	99,930,000	NA	60,251,158
West Virginia	64,640,795	39,158,259	6,427,288	19,055,248
Wisconsin	208,802,368	96,382,644	16,659,046	95,760,678
Wyoming	17,806,874	14,323,936	NA	3,482,938

[1]Total other State agency expenditures represents an underestimate since expenditure figures could not be obtained for all programs for all States.

NA Data not available.

Chapter 6

State Mental Health Agency Revenues and Expenditures for Mental Health Services: Trends From 1981 to 1985

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Introduction

The directors of the State mental health agencies (SMHAs) and the National Institute of Mental Health have maintained their combined interest in national data on the total funding of public mental health services. State, Federal, and local agencies are expected to develop programs that are responsive to public mental health needs, plan budgets, allocate resources, and evaluate programs; however, they are often compelled to act with less than full and accurate information on the availability of funds and/or their expenditures. In such an environment, it is difficult to develop rational, long-range mental health policies.

The information gap confronting the Federal, State, and local mental health service delivery systems was noted as early as 1978 in a task panel report to the President's Commission on Mental Health. The report on "Cost and Financing" stated:

> Individual need for mental health services, the cost of providing services, and the cost accrued by not providing mental health care to those in need will continue with or without a valid data base. But the ability to base major policy decisions on sound projections, the ability to use finite resources to the best advantage of the largest number in need, and the ability to contain costs without risking quality depend on the commitment to fill existing data gaps. (PCMH 1978, p. 528)

Since 1979, many improvements have been made in the development of financial data for use by Federal and State Legislatures; national, State, and local public executives; and consumers. However, the existence of 55 unique State and territorial mental health systems and budgets puts the development and collection of national financial data beyond the resources of any one organization.

In response to these issues, SMHA directors, through the National Association of State Mental Health Program Directors (NASMHPD), continue to work with NIMH to develop reliable mental health services data bases. In late 1982, under contract to NIMH, NASMHPD (1) compiled FY 1981 State mental health agency-controlled revenues and expenditures and (2) tested a methodology for compiling the expenditures incurred by other major State and Federal Government agencies on behalf of mentally ill persons. After completion of the two studies in 1984, NASMHPD compiled SMHA FY 1983 data for both SMHA revenues and expenditures and expenditures of selected State and Federal agencies for mental health services (NASMHPD1985). These studies were followed by an FY 1985 study of SMHA revenues and expenditures (NASMHPD 1987). This chapter summarizes the results of the latter study, which was based on the earlier NIMH-supported studies, and compares FY 1985 data with FY 1981 and 1983 SMHA revenues and expenditures.

Revenue/Expenditure Study Background and Purpose

As the recipient of funds from a variety of sources, SMHAs are the legal entities in all States with statutory responsibility for distributing service funds under SMHA control. SMHAs allocate funds to most of the non-Federal public mental health providers in each State. The SMHAs admin-

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ister public mental health delivery systems that own, operate, fund, regulate, and/or supervise over 12,000 facilities, agencies, and programs. As such, SMHA officials are accountable to the Federal Government, the State legislature, governor, other branches of State government, constituency groups, local government, providers, and ultimately to current and potential clients. The public trust of the SMHA is of paramount importance since the SMHA influences policy regarding the type and scope of institutional and community-based services, determines which disabilities (or disability groups) are eligible for funding, and shapes the future of mental health services in each State.

Recent national data on public hospital and community-based programs indicate that SMHAs fund services for literally hundreds of thousands of individuals, all of whom are entitled to quality care in the least restrictive setting. Consequently, both SMHA staff and the State legislature must make difficult decisions regarding the effective distribution of funds for a vast network of State and local agencies. SMHA managers require access to reliable fiscal data that will provide information regarding public financing of mental health. These data permit the SMHA decisionmaker to

- define issues accurately,
- have complete baseline information on the nature of the service system,
- be aware of alternative strategies that other States use to allocate fiscal resources, and
- know the range and content of values and preferences held by the various SMHAs.

Revenue/Expenditure Study Methodology

As with the earlier studies, the 1985 study used archival data of actual revenues and expenditures under the direct control of the SMHA. These archival materials included SMHA expenditure reports, year-end compilation of revenue sources, internal SMHA working documents, published audits, and other financial documents. Identifiable SMHA expenditures for mental retardation/developmental disabilities programs, drug abuse programs, and alcoholism programs were not included. The use of archival documents rather than estimated figures was considered necessary to obtain valid and reliable data.

The expenditures data were categorized as follows:

- State mental hospital programs, which included acute care, extended care, residential, and community/outpatient programs
- SMHA funds to other hospitals
- Community-based programs, which included inpatient, residential, ambulatory, and prevention programs
- SMHA support activities, which included prevention, research, and training programs, as well as SMHA administration

The expenditures data also included administrative auspice, service settings, and age groups. The revenues data included Federal, State, local, and other sources.

Each study of SMHA revenues and expenditures has demonstrated the extent to which SMHAs differ in their allocation of available fiscal resources. The complete FY 1985 study reflects State-by-State variation in the distribution of SMHA-controlled funds among the various programs. The complete report contains more than 50 tables presenting different aspects of each State's mental health service system. Selected tables are presented here.

Revenue Expenditure Study Findings

On a national basis, State mental health agencies directly controlled and administered more than $8 billion for mental health services in FY 1985 (table 6.1). On the average, States spent 64 percent of their mental health agency budgets in State mental hospitals and 32 percent on community-based programs that were administered by a variety of public and private agencies.

Comparisons of per capita expenditures in FY 1985 across States showed significant differences, ranging from a high of $90.12 to a low of $8.38, with a national average of $34.62 (table 6.2).

Highlights from the FY 1985 SMHA-controlled expenditure data include the following:

- SMHA-controlled expenditures in FY 1985 totaled $8.3 billion (table 6.1).
- State mental hospital programs averaged 64 percent of total SMHA per capita expenditures and varied from a high of 92 percent to a low of 29 percent (table 6.2).
- Community-based programs averaged 32 percent of total SMHA-controlled expenditures and varied from a high of 81 percent to a low of 6.5 percent (table 6.2).
- Inpatient services accounted for 64 percent of total SMHA expenditures and per capita expenditures (tables 6.3 and 6.4).

State government sources provided most revenues—approximately $6.5 billion (78 percent) for State mental health agency programs (table 6.5). The General Revenue Fund constituted nearly 90

percent ($5.9 billion) of this amount. Thus, State legislatures essentially control the level of funding for services.

Federal funds constituted the second largest source (14 percent) of SMHA revenues, with Federal Medicaid dollars accounting for the largest portion (58 percent) (table 6.6). Other Federal funds included grant monies such as the Alcohol, Drug Abuse, and Mental Health (ADM) Block Grant ($249 million), Medicare ($181 million), NIMH Human Resources grants, NIMH Community Support Program grants for chronically mentally ill persons, and vocational rehabilitation funds.

States varied considerably in the percentage of their resources spent on mental health services. Percentage of total State revenues supporting mental health services is shown in table 6.7.

Current and constant dollar comparisons of data for 1981, 1983, and 1985 indicate that considerable changes occurred in funding patterns both nationally and by individual States. Tables 6.8 through 6.13 present trends in SMHA revenues and expenditures for mental health services in various settings by State. Constant dollars were calculated from the medical care component of the Consumer Price Index (CPI) for each year by multiplying all 1983 and 1985 figures by the ratio of the calendar year 1981 CPI (294.5/357.3), which was obtained from the *Statistical Abstract of the United States* (U.S. Department of Labor 1985).

The comparisons of FY 1981, 1983, and 1985 SMHA revenues and expenditures indicate the following:

- Total revenues to SMHAs from State government sources increased $1.6 billion (32 percent) between 1981 and 1985 (table 6.12).

- Total revenues from Federal Government sources increased $442 million (57 percent) between 1981 and 1985 (table 6.13). Over half ($249 million) of this increase came from the ADM Block Grant, which was implemented in FY 1982; it directs funds through the SMHAs that previously flowed directly to local community mental health center programs.

- Total SMHA-controlled mental health expenditures increased 36 percent between 1981 and 1985 in current dollars, but remained unchanged (-0.4 percent) in constant (1981) dollars (table 6.8).

- State mental hospital expenditures by SMHAs decreased 5 percent between 1981 and 1985 in constant (1981) dollars (table 6.10), while community-based program expenditures by SMHAs increased 10 percent in constant dollars (table 6.11). Figure 6.1 provides graphic comparisons of per capita expenditures data for 1981 and 1985.

Implications of the Revenue/ Expenditure Study

The SMHA revenue/expenditure studies are useful to both State and national mental health policymakers for understanding the nature of the State mental health services system, the overall national magnitude of the system, and the mix of services within the system. Individual States can use the data to compare their efforts with those of similar States.

To observe the dynamic changes in State mental health services and to allow comparisons of change over time in the funding of mental health services, use of a standardized national data base for revenues and expenditure studies must continue.

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Figure 6.1

Per capita expenditures by State mental health agencies for mental health services: United States, FY 1981 and FY 1985

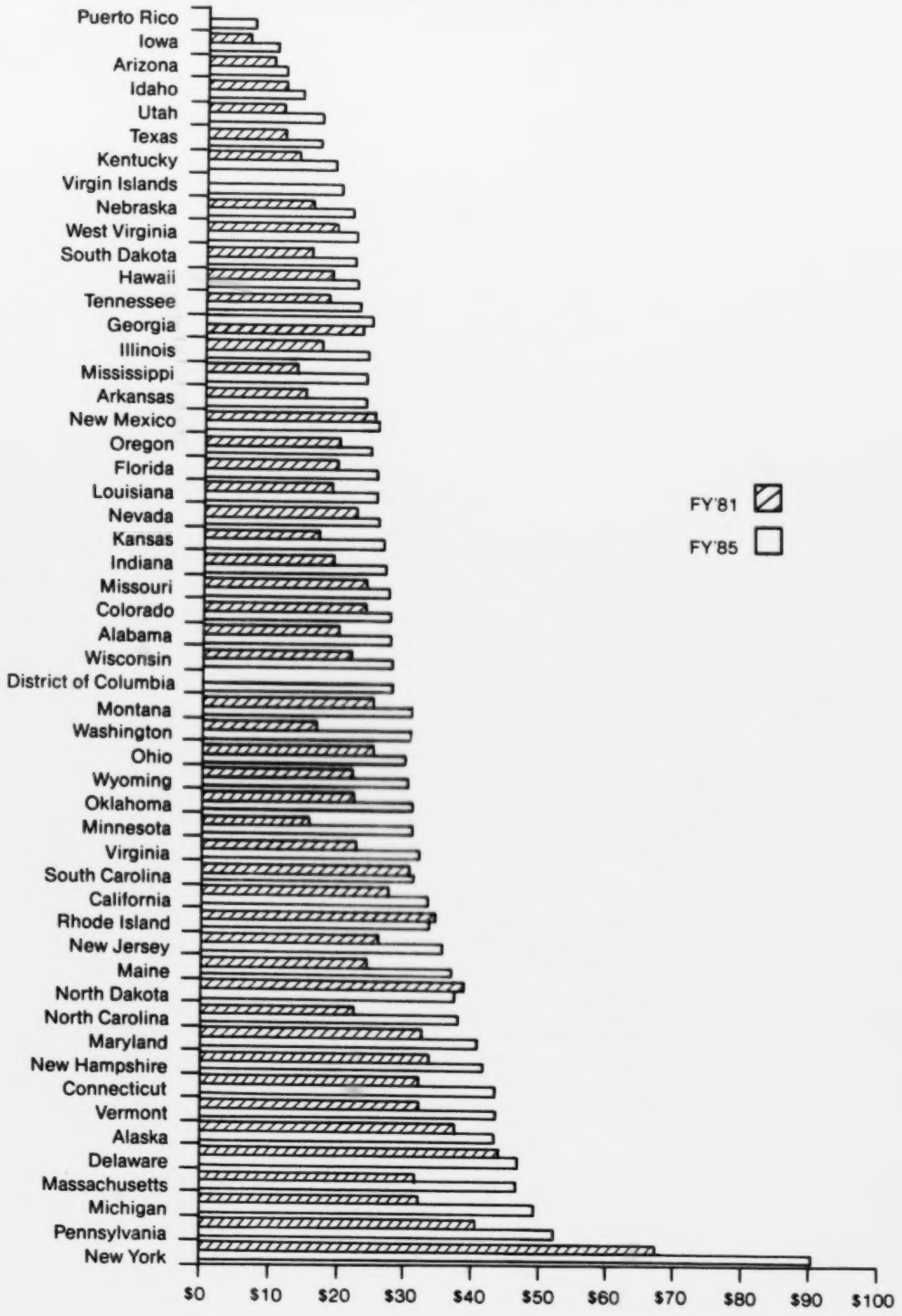

Table 6.1. State mental health agency (SMHA) expenditures for mental health services, by major program and State: United States, FY 1985

State	Total State mental health agencies		State mental hospitals[1]		SMHA funds to other hospitals		Community-based programs[2]		SMHA support activities			
									Prevention, research, training		Administration	
	Expenditures	Rank	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent
Total, U.S.	$8,323,967,736		$5,305,334,484	64.0%	$81,322,771	1.0%	$2,647,433,468	31.8%	$92,159,490	1.1%	$222,177,419	2.7%
Alabama	111,014,742	22	87,663,398	79.0	–	–	20,835,613	18.8	UA	UA	2,515,731	2.3
Alaska	22,334,323	48	13,680,888	61.3	132,135	0.6	7,239,593	32.4	156,396	0.7	1,125,311	5.0
Arizona	38,129,923	35	23,323,232	61.2	–	–	13,691,805	35.9	96,186	0.3	1,018,700	2.7
Arkansas	55,886,268	31	32,336,363	57.9	–	–	18,873,585	33.8	71,646	0.1	4,604,674	8.2
California	873,399,000	2	257,059,000	29.5	UA	UA	587,439,000	67.3	UA	UA	28,901,000	3.3
Colorado	88,331,364	26	56,056,843	63.5	–	–	30,965,107	35.1	314,259	0.4	995,155	1.1
Connecticut	139,100,538	15	98,283,486	70.7	–	–	31,161,092	22.4	4,849,090	3.5	4,806,870	3.5
Delaware	28,414,700	40	24,526,600	86.3	–	–	3,517,900	12.4	UA	UA	370,200	1.3
Dist. of Col.	17,217,847	49	UA	UA	–	–	13,844,687	80.4	UA	UA	3,373,160	19.6
Florida	287,514,229	6	156,424,207	54.4	–	–	131,090,022	45.6	UA	UA	UA	UA
Georgia	138,042,892	17	103,119,528	74.7	–	–	32,933,585	23.9	UA	UA	1,989,779	1.4
Hawaii	22,612,364	47	8,698,433	38.5	–	–	12,371,298	54.7	1,187,940	5.3	354,693	1.6
Idaho	14,971,082	52	8,750,670	58.5	–	–	5,691,461	38.0	UA	UA	528,951	3.5
Illinois	272,721,900	8	170,203,300	62.4	8,008,100	2.9	81,035,600	29.7	4,281,600	1.6	9,193,300	3.4
Indiana	150,714,629	14	89,564,210	59.4	–	–	59,357,885	39.4	260,318	0.2	1,532,216	1.0
Iowa	30,277,877	39	28,002,263	92.5	–	–	1,963,068	6.5	88,043	0.3	224,503	0.7
Kansas	65,077,814	29	53,631,871	82.4	–	–	9,352,834	14.4	1,285,081	2.0	808,028	1.2
Kentucky	69,470,869	27	45,772,486	65.9	–	–	21,849,000	31.5	UA	UA	1,849,383	2.7
Louisiana	113,993,720	21	76,184,305	66.8	1,558,592	1.4	31,766,220	27.9	1,130,530	1.0	3,354,073	2.9
Maine	41,755,375	33	28,751,454	68.9	–	–	11,862,922	28.4	154,666	0.4	986,333	2.4
Maryland	173,547,678	13	144,123,963	83.1	–	–	22,551,050	13.0	4,607,095	2.7	2,265,570	1.3
Massachusetts .	267,834,147	10	91,185,176	34.1	–	–	143,127,311	53.4	11,325,700	4.2	22,195,960	8.3
Michigan	444,620,500	4	280,522,900	63.1	558,500	0.1	145,947,900	32.8	8,147,400	1.8	9,413,800	2.1
Minnesota	134,032,447	18	60,988,953	45.5	21,963,878	16.4	50,613,616	37.8	UA	UA	466,000	0.4
Mississippi	61,651,992	30	45,821,882	74.3	–	–	14,580,936	23.7	UA	UA	1,249,174	2.0
Missouri	138,924,335	16	74,928,946	53.9	–	–	59,064,549	42.5	407,458	0.3	4,523,382	3.3
Montana	23,998,342	45	16,707,377	69.6	–	–	7,008,424	29.2	67,809	0.3	214,732	0.9
Nebraska	33,915,989	37	26,971,146	79.5	51,774	0.5	5,677,631	16.7	331,055	1.0	784,383	2.3
Nevada	24,003,905	44	15,086,104	62.9	–	–	8,534,119	35.6	12,132	0.1	371,550	1.6
New Hampshire	41,730,022	34	25,779,658	61.8	–	–	14,604,552	35.0	240,134	0.6	1,105,678	2.7

See footnotes at end of table.

Table 6.1. State mental health agency (SMHA) expenditures for mental health services, by major program and State: United States, FY 1985 (continued)

State	Total State mental health agencies		State mental hospitals[1]		SMHA funds to other hospitals		Community-based programs[2]		SMHA support activities			
									Prevention, research, training		Administration	
	Expenditures	Rank	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent
New Jersey	$ 268,817,474	9	$ 182,001,578	67.7%	$48,919,792	18.2%	$ 54,990,000	20.5%	UA	UA	$ 7,366,000	2.7%
New Mexico	35,255,865	36	21,000,865	59.6	–	–	13,911,700	39.5	UA	UA	343,300	1.0
New York	1,600,132,443	1	1,322,148,127	82.6	–	–	204,885,000	12.8	$ 25,106,193	1.6%	47,993,123	3.0
North Carolina	232,308,040	11	145,751,453	62.7	–	–	84,400,461	36.3	647,985	0.3	1,508,141	0.7
North Dakota ..	24,395,590	43	15,472,486	63.4	–	–	8,746,943	35.9	UA	UA	176,161	0.7
Ohio	326,321,177	5	202,699,041	62.1	–	–	110,366,244	33.8	1,543,229	0.5	11,712,663	3.6
Oklahoma	100,902,560	25	64,042,136	63.5	–	–	32,482,404	32.2	101,350	0.1	4,276,670	4.2
Oregon	66,864,644	28	40,587,261	60.7	–	–	23,681,509	35.4	100,294	0.2	2,495,580	3.7
Pennsylvania ...	620,264,000	3	469,526,000	75.7	–	–	133,864,000	21.6	12,787,000	2.1	4,087,000	0.7
Puerto Rico	27,366,273	42	12,990,821	47.5	–	–	12,849,879	47.0	221,350	0.8	1,304,223	4.8
Rhode Island ...	33,672,089	38	21,651,239	64.3	–	–	11,359,772	33.7	269,596	0.8	391,482	1.2
South Carolina	107,361,714	24	79,909,239	74.4	–	–	21,336,080	19.9	912,295	0.9	5,204,100	4.9
South Dakota ..	15,251,181	51	11,210,357	73.5	–	–	3,673,288	24.1	UA	UA	367,536	2.4
Tennessee	107,821,630	23	78,077,030	72.4	–	–	25,937,843	24.1	766,400	0.7	3,110,357	2.9
Texas	281,225,345	7	193,398,762	68.8	–	–	71,775,704	25.5	8,336,400	3.0	7,714,479	2.7
Utah	28,335,245	41	13,854,237	48.9	–	–	13,681,739	48.3	238,595	0.8	560,674	2.0
Vermont	23,729,194	46	8,673,518	36.6	–	–	14,133,506	59.6	UA	UA	922,170	3.9
Virgin Islands ..	2,078,651	53	UA	UA	–	–	1,685,608	81.1	51,871	2.5	341,172	16.4
Virginia	177,979,731	12	137,695,940	77.4	–	–	31,887,625	17.9	1,572,644	0.9	6,823,522	3.8
Washington	128,373,000	20	61,303,000	47.8	–	–	64,794,000	50.5	UA	UA	2,276,000	1.8
West Virginia ..	42,029,038	32	27,706,326	65.9	–	–	13,797,191	32.8	UA	UA	525,521	1.3
Wisconsin	132,829,691	19	40,324,470	30.4	–	–	91,053,807	68.6	193,700	0.2	1,257,714	1.0
Wyoming	15,412,348	50	11,231,956	72.9	–	–	3,586,800	23.3	296,050	1.9	297,542	1.9

UA Services provided but exact expenditures are unallocatable.

– Quantity or percent zero.

[1]Includes inpatient, residential, ambulatory, and prevention programs.

[2]Includes acute care, extended care, residential, and community/outpatient programs.

Table 6.2. State mental health agency (SMHA) per capita expenditures for mental health services, by major program and State: United States, FY 1985

State	Total State mental health agencies		State mental hospitals[1]		SMHA funds to other hospitals		Community-based programs[2]		SMHA support activities			
									Prevention, research, training		Administration	
	Expenditures	Rank	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent
Average	$34.62		$22.13	63.9%	$ 0.34	1.0%	$11.01	31.8%	$ 0.56	1.6%	$ 0.97	2.8%
Alabama	27.78	27	21.94	79.0	–	–	5.21	18.8	UA	UA	0.63	2.3
Alaska	44.85	6	27.47	61.3	0.27	0.6	14.54	32.4	0.31	0.7	2.26	5.0
Arizona	12.06	51	7.38	61.2	–	–	4.33	35.9	0.03	0.3	0.32	2.7
Arkansas	23.80	37	13.77	57.9	–	–	8.04	33.8	0.03	0.1	1.96	8.2
California	33.51	16	9.86	29.4	–	–	22.54	67.3	–	–	1.11	3.3
Colorado	27.72	29	17.59	63.5	–	–	9.72	35.1	0.10	0.4	0.31	1.1
Connecticut	44.02	8	31.10	70.7	–	–	9.86	22.4	1.53	3.5	1.52	3.5
Delaware	46.05	5	39.75	86.3	–	–	5.70	12.4	UA	UA	0.60	1.3
Dist. of Col.	27.82	26	UA	UA	–	–	22.37	80.4	UA	UA	5.45	19.6
Florida	25.52	34	13.88	54.4	–	–	11.63	45.6	UA	UA	UA	UA
Georgia	23.38	40	17.46	74.7	–	–	5.58	23.9	UA	UA	0.34	1.4
Hawaii	22.66	42	8.72	38.5	–	–	12.40	54.7	1.19	5.3	0.36	1.6
Idaho	14.99	50	8.76	58.5	–	–	5.70	38.0	UA	UA	0.53	3.5
Illinois	23.73	39	14.81	62.4	0.70	2.9	7.05	29.7	0.37	1.6	0.80	3.4
Indiana	27.44	30	16.31	59.4	–	–	10.81	39.4	0.05	0.2	0.28	1.0
Iowa	10.51	52	9.72	92.5	–	–	0.68	6.5	0.03	0.3	0.08	0.7
Kansas	26.85	31	22.13	82.4	–	–	3.86	14.4	0.53	2.0	0.33	1.2
Kentucky	18.82	47	12.40	65.9	–	–	5.92	31.5	UA	UA	0.50	2.7
Louisiana	25.62	33	17.12	66.8	0.35	1.4	7.14	27.9	0.25	1.0	0.75	2.9
Maine	36.15	13	24.89	68.9	–	–	10.27	28.4	0.13	0.4	0.85	2.7
Maryland	39.96	10	33.19	83.1	–	–	5.19	13.0	1.06	2.7	0.52	1.3
Massachusetts .	46.11	4	15.70	34.1	–	–	24.64	53.4	1.95	4.2	3.82	8.3
Michigan	48.98	3	30.90	63.1	0.06	0.1	16.08	32.8	0.90	1.8	1.04	2.1
Minnesota	31.98	19	14.55	45.5	5.24	16.4	12.08	37.8	UA	UA	0.11	0.4
Mississippi	23.78	38	17.67	74.3	–	–	5.62	23.7	UA	UA	0.48	2.0
Missouri	27.72	26	14.95	53.9	–	–	11.78	42.5	0.08	0.3	0.90	3.3
Montana	29.20	24	20.33	69.6	–	–	8.53	29.2	0.08	0.3	0.26	0.9
Nebraska	21.29	45	16.93	79.5	0.10	0.5	3.56	16.7	0.21	1.0	0.49	2.3
Nevada	25.95	32	16.31	62.9	–	–	9.23	35.6	0.01	0.1	0.40	1.6
New Hampshire	42.02	9	25.96	61.8	–	–	14.71	35.0	0.24	0.6	1.11	2.7

See footnotes at end of table.

Table 6.2. State mental health agency (SMHA) per capita expenditures for mental health services, by major program and State: United States, FY 1985 (continued)

State	Total State mental health agencies		State mental hospitals[1]		SMHA funds to other hospitals		Community-based programs[2]		SMHA support activities			
									Prevention, research, training		Administration	
	Expenditures	Rank	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent
New Jersey	$35.65	14	$24.14	67.7%	$6.49	18.2%	$7.29	20.5%	UA	UA	$0.98	2.7%
New Mexico	24.60	36	14.66	59.6	–	–	9.71	39.5	UA	UA	0.24	1.0
New York	90.12	1	74.46	82.6	–	–	11.54	12.8	$1.41	1.6%	2.70	3.0
North Carolina	37.81	11	23.72	62.7	–	–	13.74	36.3	0.11	0.3	0.25	0.7
North Dakota ..	36.25	12	22.99	63.4	–	–	13.00	35.9	UA	UA	0.26	0.7
Ohio	30.41	22	18.89	62.1	–	–	10.29	33.8	0.14	0.5	1.09	3.6
Oklahoma	30.89	20	19.60	63.5	–	–	9.94	32.2	0.03	0.1	1.31	4.2
Oregon	24.89	35	15.11	60.7	–	–	8.82	35.4	0.04	0.2	0.93	3.7
Pennsylvania ...	52.39	2	39.66	75.7	–	–	11.31	21.6	1.08	2.1	0.35	0.7
Puerto Rico	8.38	53	3.98	47.5	–	–	3.93	47.0	0.07	0.8	0.40	4.8
Rhode Island ...	35.00	15	22.51	64.3	–	–	11.81	33.7	0.28	0.8	0.41	1.2
South Carolina	32.61	17	24.27	74.4	–	–	6.48	19.9	0.28	0.9	1.58	4.9
South Dakota ..	21.73	43	15.97	73.5	–	–	5.23	24.1	UA	UA	0.52	2.4
Tennessee	22.75	41	16.46	72.4	–	–	5.47	24.1	0.16	0.7	0.66	2.9
Texas	17.33	48	11.92	68.8	–	–	4.42	25.5	0.51	3.0	0.48	2.7
Utah	17.30	49	8.46	48.9	–	–	8.35	48.3	0.15	0.8	0.34	2.0
Vermont	44.35	7	16.21	36.6	–	–	26.42	59.6	UA	UA	1.72	3.9
Virgin Islands ..	19.37	46	UA	UA	–	–	15.71	81.1	0.48	2.5	3.18	16.4
Virginia	32.10	18	24.83	77.4	–	–	5.75	17.9	0.28	0.9	1.23	3.8
Washington	29.50	23	14.09	47.8	–	–	14.89	50.5	UA	UA	0.52	1.8
West Virginia ..	21.71	44	14.31	65.9	–	–	7.13	32.8	UA	UA	0.27	1.3
Wisconsin	27.82	25	8.45	30.4	–	–	19.07	68.6	0.04	0.2	0.26	1.0
Wyoming	30.52	21	22.24	72.9	–	–	7.10	23.3	0.59	1.9	0.59	1.9

UA Services provided but exact expenditures are unallocatable.

– Quantity or percent zero.

[1]Includes inpatient, residential, ambulatory, and prevention programs.

[2]Includes acute care, extended care, residential, and community/outpatient programs.

Table 6.3. State mental health agency (SMHA) expenditures for mental health services, by type of service setting and State: United States, FY 1985

State	Total State mental health agencies		Inpatient		Residential		Ambulatory		Unallocatable to service setting		Prevention, research, training, and administration	
	Expenditures	Rank	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent
Total, U.S.	$8,323,967,736		$5,329,879,651	64.0%	$379,484,274	4.6%	$1,567,067,092	18.8%	$650,182,944	7.8%	$397,353,775	4.8%
Alabama	111,014,742	22	87,663,398	79.0	UA	UA	UA	UA	20,835,613	18.8	2,515,731	2.3
Alaska	22,334,323	48	13,813,023	61.9	UA	UA	UA	UA	7,239,593	32.4	1,281,707	5.7
Arizona	38,129,923	35	20,325,209	53.3	UA	UA	16,689,828	43.8	–	–	1,114,886	2.9
Arkansas	55,886,268	31	33,733,772	60.4	1,548,385	2.8	11,815,832	21.1	4,111,959	7.4	4,676,320	8.4
California	873,399,000	2	403,102,210	46.2	49,371,310	5.7	340,652,351	39.0	–	–	80,273,129	9.2
Colorado	88,331,364	26	58,155,796	65.8	2,514,595	2.9	25,252,524	28.6	–	–	2,408,449	2.7
Connecticut	139,100,538	15	103,022,894	74.1	6,515,542	4.7	19,308,635	13.9	–	–	10,253,467	7.4
Delaware	28,414,700	40	24,526,600	86.3	163,000	0.6	3,354,900	11.8	–	–	370,200	1.3
Dist. of Col.....	17,217,847	49	UA	UA	151,852	0.9	11,160,053	64.8	2,532,782	14.7	3,373,160	19.6
Florida	287,514,229	6	156,424,207	54.4	UA	UA	UA	UA	131,090,022	45.6	UA	UA
Georgia	138,042,892	17	103,816,571	75.2	4,251,051	3.1	17,947,414	13.0	10,038,077	7.3	1,989,779	1.4
Hawaii	22,612,364	47	8,720,933	38.6	910,728	4.0	11,209,035	49.6	–	–	1,771,668	7.8
Idaho	14,971,082	52	7,690,838	51.4	1,589,832	10.6	5,161,461	34.5	–	–	528,951	3.5
Illinois	272,721,900	8	174,513,700	64.0	11,905,800	4.4	72,827,500	26.7	–	–	13,474,900	4.9
Indiana	150,714,629	14	101,552,962	67.4	6,312,415	4.2	35,121,267	23.3	–	–	7,727,985	5.1
Iowa	30,277,877	39	28,002,263	92.5	–	–	200,460	0.7	1,762,608	5.8	312,546	1.0
Kansas	65,077,814	29	55,296,773	85.0	546,422	0.8	6,498,492	10.0	438,431	0.7	2,297,696	3.5
Kentucky	69,470,869	27	42,128,794	60.6	3,643,692	5.2	UA	UA	21,849,000	31.5	1,849,383	2.7
Louisiana	113,993,720	21	78,296,376	68.7	UA	UA	31,212,741	27.4	–	–	4,484,603	3.9
Maine	41,755,375	33	27,528,472	65.9	2,463,888	5.9	9,803,162	23.5	673,992	1.6	1,285,861	3.1
Maryland	173,547,678	13	129,983,067	74.9	13,372,410	7.7	5,423,356	3.1	17,896,380	10.3	6,872,465	4.0
Massachusetts..	267,834,147	10	106,785,176	39.9	36,332,538	13.6	91,194,773	34.1	–	–	33,521,660	12.5
Michigan	444,620,500	4	261,135,700	58.7	47,765,400	10.7	100,059,200	22.5	13,772,900	3.1	21,887,300	4.9
Minnesota	134,032,447	18	69,596,178	51.9	37,537,540	28.1	26,432,729	19.7	–	–	466,000	0.4
Mississippi	61,651,992	30	45,821,882	74.3	UA	UA	UA	UA	14,580,936	23.7	1,249,174	2.0
Missouri	138,924,335	16	71,183,385	51.2	13,232,745	9.5	19,220,774	13.8	30,356,591	21.9	4,930,840	3.6
Montana	23,998,342	45	17,290,476	72.1	1,100,543	4.6	5,267,538	22.0	–	–	339,785	1.4
Nebraska	33,915,989	37	27,285,430	80.5	710,916	2.1	4,128,266	12.2	170,047	0.5	1,621,330	4.8
Nevada	24,003,905	44	1,516,201	6.3	1,289,454	5.4	3,007,517	12.5	17,807,051	74.2	383,682	1.6
New Hampshire.	41,730,022	34	26,370,087	63.2	617,456	1.5	UA	UA	13,396,667	32.1	1,345,812	3.2

See footnotes at end of table.

Table 6.3. State mental health agency (SMHA) expenditures for mental health services, by type of service setting and State: United States, FY 1985 (continued)

State	Total State mental health agencies		Inpatient		Residential		Ambulatory		Unallocatable to service setting		Prevention, research, training, and administration	
	Expenditures	Rank	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent
New Jersey	$ 268,817,474	9	$ 204,111,564	75.9%	$ 8,004,420	3.0%	$ 29,476,000	11.0%	$ 19,859,490	7.4%	$ 7,366,000	2.7%
New Mexico	35,255,865	36	14,359,259	40.7	6,641,606	18.8	UA	UA	13,911,700	39.5	343,300	1.0
New York	1,600,132,443	1	1,155,772,253	72.2	23,702,716	1.5	304,379,247	19.0	35,640,987	2.2	80,637,240	5.0
North Carolina .	232,308,040	11	145,751,453	62.7	UA	UA	UA	UA	84,400,461	36.3	2,156,126	1.0
North Dakota ...	24,395,590	43	15,409,413	63.2	1,106,868	4.5	7,703,148	31.6	–	–	176,161	0.7
Ohio	326,321,177	5	202,699,041	62.1	UA	UA	UA	UA	110,366,244	33.8	13,255,892	4.1
Oklahoma	100,902,560	25	69,270,123	68.7	4,107,312	4.1	20,705,320	20.5	1,434,244	1.4	5,385,561	5.3
Oregon	66,864,644	28	41,386,316	61.9	3,369,889	5.0	18,757,076	28.1	755,489	1.1	2,595,874	3.9
Pennsylvania	620,264,000	3	476,279,000	76.8	21,273,000	3.4	94,641,000	15.3	7,339,000	1.2	20,732,000	3.3
Puerto Rico	27,366,273	42	12,990,821	47.5	2,846,948	10.4	10,002,931	36.6	–	–	1,525,573	5.6
Rhode Island	33,672,089	38	22,450,589	66.7	1,987,371	5.9	8,573,051	25.5	–	–	661,078	2.0
South Carolina .	107,361,714	24	64,230,927	59.8	16,836,718	15.7	16,680,547	15.5	1,585,414	1.5	8,028,108	7.5
South Dakota ...	15,251,181	51	11,210,357	73.5	805,009	5.3	2,553,675	16.7	–	–	682,140	4.5
Tennessee	107,821,630	23	80,678,253	74.8	1,046,661	1.0	22,219,959	20.6	–	–	3,876,757	3.6
Texas	281,225,345	7	182,880,721	65.0	18,236,679	6.5	64,057,066	22.8	–	–	16,050,879	5.7
Utah	28,335,245	41	13,854,237	48.9	UA	UA	UA	UA	13,681,739	48.3	799,269	2.8
Vermont	23,729,194	46	9,549,242	40.2	2,179,807	9.2	8,195,729	34.5	2,623,727	11.1	1,180,689	5.0
Virgin Islands ...	2,078,651	53	415,757	20.0	–	–	1,269,851	61.1	–	–	393,043	18.9
Virginia	177,979,731	12	137,700,874	77.4	3,795,746	2.0	27,715,552	15.6	–	–	8,767,559	4.9
Washington	128,373,000	20	67,079,000	52.3	12,228,000	9.5	UA	UA	46,445,000	36.2	2,621,000	2.0
West Virginia....	42,029,038	32	29,023,958	69.1	597,418	1.4	11,882,141	28.3	–	–	525,521	1.3
Wisconsin	132,829,691	19	76,262,164	57.4	6,870,592	5.2	45,304,991	34.1	–	–	4,391,944	3.3
Wyoming	15,412,348	50	11,231,956	72.9	UA	UA	UA	UA	3,586,800	23.3	593,592	3.9

UA Services provided but exact expenditures are unallocatable.

– Quantity or percent zero.

Table 6.4. State mental health agency (SMHA) per capita mental health expenditures, by type of service setting and State: United States, FY 1985

State	Total State mental health agencies		Inpatient		Residential		Ambulatory		Unallocatable to service setting		Prevention, research, training, and administration	
	Expenditures	Rank	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent
Average	$ 34.62		$ 22.23	64.2%	$ 1.94	5.6%	$ 8.14	23.5%	$ 2.70	7.8%	$ 1.73	5.0%
Alabama	27.78	27	21.94	79.0	UA	UA	UA	UA	5.21	18.8	0.63	2.3
Alaska	44.85	6	27.74	61.9	UA	UA	UA	UA	14.54	32.4	2.57	5.7
Arizona	12.06	51	6.43	53.3	UA	UA	5.28	43.8	–	–	0.35	2.9
Arkansas	23.80	37	14.37	60.4	0.66	2.8	5.03	21.1	1.75	7.4	1.99	8.4
California	33.51	16	15.47	46.2	1.89	5.7	13.07	39.0	–	–	3.08	9.2
Colorado	27.72	29	18.25	65.8	0.79	2.9	7.92	28.6	–	–	0.76	2.7
Connecticut	44.02	8	32.60	74.1	2.06	4.7	6.11	13.9	–	–	3.24	7.4
Delaware	46.05	5	39.75	86.3	0.26	0.6	5.44	11.8	–	–	0.60	1.3
Dist. of Col.	27.82	26	UA	UA	0.25	0.9	18.03	64.8	4.09	14.7	5.45	19.6
Florida	25.52	34	13.88	54.4	UA	UA	UA	UA	11.63	45.6	UA	UA
Georgia	23.38	40	17.58	75.2	0.72	3.1	3.04	13.0	1.70	7.3	0.34	1.4
Hawaii	22.66	42	8.74	38.6	0.91	4.0	11.23	49.6	–	–	1.78	7.8
Idaho	14.99	50	7.70	51.4	1.59	10.6	5.17	34.5	–	–	0.53	3.5
Illinois	23.73	39	15.18	64.0	1.04	4.4	6.34	26.7	–	–	1.17	4.9
Indiana	27.44	30	18.49	67.4	1.15	4.2	6.39	23.3	–	–	1.41	5.1
Iowa	10.51	52	9.72	92.5	–	–	0.07	0.7	0.61	5.8	0.11	1.0
Kansas	26.85	31	22.81	85.0	0.23	0.8	2.68	10.0	0.18	0.7	0.95	3.5
Kentucky	18.82	47	11.41	60.6	0.99	5.2	UA	UA	5.92	31.5	0.50	2.7
Louisiana	25.62	33	17.59	68.7	UA	UA	7.01	27.4	–	–	1.01	3.9
Maine	36.15	13	23.83	65.9	2.13	5.9	8.49	23.5	0.58	1.6	1.11	3.1
Maryland	39.96	10	29.93	74.9	3.08	7.7	1.25	3.1	4.12	10.3	1.58	4.0
Massachusetts...	46.11	4	18.38	39.9	6.25	13.6	15.70	34.1	–	–	5.77	12.5
Michigan	48.98	3	28.77	58.7	5.26	10.7	11.02	22.5	1.52	3.1	2.41	4.9
Minnesota	31.98	19	16.61	51.9	8.96	28.0	6.31	19.7	–	–	0.11	0.4
Mississippi	23.78	38	17.67	74.3	UA	UA	UA	UA	5.62	23.7	0.48	2.0
Missouri	27.72	28	14.20	51.2	2.64	9.5	3.83	13.8	6.06	21.9	0.98	3.6
Montana	29.20	24	21.03	72.1	1.34	4.6	6.41	22.0	–	–	0.41	1.4
Nebraska	21.29	45	17.13	80.5	0.45	2.1	2.59	12.2	0.11	0.5	1.02	4.8
Nevada	25.95	32	1.64	6.3	1.39	5.4	3.25	12.5	19.25	74.2	0.41	1.6
New Hampshire.	42.02	9	26.56	63.2	0.62	1.5	UA	UA	13.49	32.1	1.36	3.2

See footnotes at end of table.

295

Table 6.4. State mental health agency (SMHA) per capita mental health expenditures, by type of service setting and State: United States, FY 1985 (continued)

State	Total State mental health agencies		Inpatient		Residential		Ambulatory		Unallocatable to service setting		Prevention, research, training, and administration	
	Expenditures	Rank	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent	Expenditures	Percent
New Jersey	$35.65	14	$27.07	75.9%	$1.06	3.0%	$3.91	11.0%	$2.63	7.4%	$0.98	2.7%
New Mexico	24.60	36	10.02	40.7	4.63	18.8	UA	UA	9.71	39.5	0.24	1.0
New York	90.12	1	65.09	72.2	1.33	1.5	17.14	19.0	2.01	2.2	4.54	5.0
North Carolina .	37.81	11	23.72	62.7	UA	UA	UA	UA	13.74	36.3	0.35	0.9
North Dakota ...	36.25	12	22.90	63.2	1.64	4.5	11.45	31.6	–	–	0.26	0.7
Ohio	30.41	22	18.89	62.1	UA	UA	UA	UA	10.29	33.8	1.24	4.1
Oklahoma	30.89	20	21.20	68.7	1.26	4.1	6.34	20.5	0.44	1.4	1.65	5.3
Oregon	24.89	35	15.41	61.9	1.25	5.0	6.98	28.1	0.28	1.1	0.97	3.9
Pennsylvania	52.39	2	40.23	76.8	1.80	3.4	7.99	15.3	0.62	1.2	1.75	3.3
Puerto Rico	8.38	53	3.98	47.5	0.87	10.4	3.06	36.6	–	–	0.47	5.6
Rhode Island	35.00	15	23.34	66.7	2.07	5.9	8.91	25.5	–	–	0.69	2.0
South Carolina ..	32.61	17	19.51	59.8	5.11	15.7	5.07	15.5	0.48	1.5	2.44	7.5
South Dakota	21.73	43	15.97	73.5	1.15	5.3	3.84	16.7	–	–	0.97	4.5
Tennessee	22.75	41	17.02	74.8	0.22	1.0	4.69	20.6	–	–	0.82	3.6
Texas	17.33	48	11.27	65.0	1.12	6.5	3.95	22.8	–	–	0.99	5.7
Utah	17.30	49	8.46	48.9	UA	UA	UA	UA	8.35	48.3	0.49	2.8
Vermont	44.35	7	17.85	40.2	4.07	9.2	15.32	34.5	4.90	11.1	2.21	5.0
Virgin Islands	19.37	46	36.87	20.0	–	–	11.83	61.1	–	–	3.66	18.9
Virginia	32.10	18	24.83	77.4	0.68	2.1	5.00	15.6	–	–	1.58	4.9
Washington	29.50	23	15.41	52.3	2.81	9.5	UA	UA	10.67	36.2	0.60	2.0
West Virginia.....	21.71	44	14.99	69.1	0.31	1.4	6.14	28.3	–	–	0.27	1.3
Wisconsin	27.82	25	15.97	57.4	1.44	5.2	9.49	34.1	–	–	0.92	3.3
Wyoming	30.52	21	22.24	72.9	UA	UA	UA	UA	7.10	23.3	1.18	3.9

UA Services provided but exact expenditures are unallocatable.

– Quantity or percent zero.

Table 6.5. State mental health agency (SMHA) revenues for mental health services, by revenue source and State: United States, FY 1985

State	Revenues		State government	Percent	Federal Government	Percent	Local government	Percent	First- and third-party payments	Percent	Other sources	Percent
	Total	Per capita										
Total, U.S.	$8,410,381,827		$6,549,735,232	77.9%	$1,219,459,455	14.5%	$261,706,299	3.1%	$267,083,903	3.2%	$112,396,938	1.3%
Alabama	110,198,843	$27.58	92,777,507	84.2	12,256,450	11.1	–	–	UA	UA	5,164,886	4.7
Alaska	22,334,323	44.85	19,664,457	87.9	2,709,866	12.1	–	–	–	–	–	–
Arizona	38,129,923	12.06	33,611,479	88.2	3,310,852	8.7	–	–	–	–	1,207,592	3.2
Arkansas	55,910,820	23.81	38,547,461	68.9	16,170,216	28.9	–	–	1,193,143	2.1	–	–
California	873,399,000	33.51	631,528,000	72.3	89,922,000	10.3	98,991,000	11.3	18,732,000	2.1	34,226,000	3.9
Colorado	91,994,647	28.87	67,430,274	73.3	17,048,906	18.5	–	–	6,949,899	7.6	565,568	0.6
Connecticut	146,746,018	46.44	143,067,810	97.5	3,645,208	2.5	–	–	GF	GF	33,000	0.0
Delaware	28,488,300	46.17	28,044,000	98.4	444,300	1.6	–	–	–	–	GF	GF
Dist. of Col.	17,623,388	28.47	15,961,857	90.6	1,661,531	9.4	–	–	–	–	–	–
Florida	287,514,229	25.52	223,896,012	77.9	33,304,803	11.6	25,168,231	8.8	5,145,183	1.8	–	–
Georgia	138,190,312	23.40	120,485,260	87.2	17,249,303	12.5	–	–	UA	UA	455,749	0.3
Hawaii	25,026,956	25.08	22,409,035	89.5	1,976,924	7.9	–	–	606,635	2.4	34,362	0.1
Idaho	14,971,082	14.99	11,364,814	75.9	2,668,436	17.8	–	–	937,832	6.3	–	–
Illinois	272,721,900	23.73	239,832,200	87.9	27,882,200	10.2	–	–	–	–	5,007,500	1.8
Indiana	175,958,175	32.04	136,414,699	77.5	29,298,910	16.6	UA	UA	10,244,566	5.8	UA	UA
Iowa	30,277,877	10.51	10,706,310	35.4	3,307,193	10.9	14,044,806	46.4	2,219,588	7.3	–	–
Kansas	65,077,820	26.85	49,443,450	76.0	10,756,865	16.5	–	–	4,354,406	6.7	523,099	0.8
Kentucky	69,470,869	18.82	49,684,295	71.5	18,417,304	26.5	–	–	1,294,540	1.9	74,730	0.1
Louisiana	113,993,720	25.62	102,707,630	90.1	11,286,090	9.9	–	–	GF	GF	GF	GF
Maine	41,858,726	36.24	39,045,926	93.3	2,812,800	6.7	–	–	GF	GF	–	–
Maryland	173,547,478	39.96	170,725,838	98.4	1,376,238	0.8	1,445,402	0.8	GF	GF	–	–
Massachusetts..	299,297,416	51.52	270,843,691	90.5	24,642,843	8.2	–	–	2,608,851	0.9	1,202,031	0.4
Michigan	444,620,400	48.98	356,426,900	80.2	38,181,100	8.6	21,927,800	4.9	28,084,600	6.3	–	–
Minnesota	134,032,446	31.98	84,063,910	62.7	34,329,402	25.6	11,003,721	8.2	4,635,413	3.5	–	–
Mississippi	61,651,992	23.78	44,888,214	72.8	14,211,328	23.1	–	–	2,552,450	4.1	–	–
Missouri	138,924,335	27.72	131,297,407	94.5	7,350,528	5.3	–	–	–	–	276,400	0.2
Montana	23,998,342	29.20	21,289,994	88.7	2,708,348	11.2	–	–	GF	GF	–	–
Nebraska	31,943,477	20.05	23,553,014	73.7	3,216,302	10.1	1,245,068	3.9	2,847,398	8.9	1,081,695	3.4
Nevada	24,003,905	25.95	17,808,589	74.2	3,262,513	13.6	–	–	2,132,051	8.9	800,752	3.3
New Hampshire	43,610,833	43.92	38,070,166	87.3	5,540,667	12.7	–	–	GF	GF	–	–

See footnotes at end of table.

Table 6.5. State mental health agency (SMHA) revenues for mental health services, by revenue source and State: United States, FY 1985 (continued)

State	Revenues		State government	Percent	Federal Government	Percent	Local government	Percent	First- and third-party payments	Percent	Other sources	Percent
	Total	Per capita										
New Jersey .....$	267,391,474	$35.46	$ 182,849,974	68.4%	$ 43,218,515	16.2%	$38,078,446	14.2%	$ 3,244,539	1.2%	–	–
New Mexico	36,303,431	25.33	27,099,706	74.6	8,706,420	24.0	40,482	0.1	454,685	1.3	$ 2,138	0.0%
New York	1,600,132,441	90.12	1,240,556,840	77.5	296,363,870	18.5	–	–	63,211,731	4.0	UA	UA
North Carolina	232,308,040	37.81	166,418,286	71.6	30,092,243	13.0	25,097,511	10.8	10,700,000	4.6	–	–
North Dakota ..	23,842,157	35.43	13,376,529	56.1	3,137,450	13.2	–	–	UA	UA	7,328,178	30.7
Ohio	312,247,890	29.10	232,380,959	74.4	65,522,635	21.0	–	–	13,813,853	4.4	530,543	0.2
Oklahoma	104,898,619	32.11	80,091,577	76.4	23,677,972	22.6	–	–	–	–	1,129,070	1.1
Oregon	66,864,644	24.89	50,283,790	75.2	12,490,718	18.7	–	–	2,814,323	4.2	1,275,813	1.9
Pennsylvania ...	620,264,000	52.39	418,512,000	67.5	149,147,000	24.0	9,963,000	1.6	41,992,000	6.8	650,000	0.1
Puerto Rico	27,366,273	8.38	24,530,707	89.6	2,835,566	10.4	–	–	–	–	–	–
Rhode Island	34,953,366	36.33	31,429,865	89.9	3,523,501	10.1	–	–	–	–	GF	GF
South Carolina .	107,361,714	32.61	81,730,239	76.1	15,936,652	14.8	2,590,505	2.4	2,323,314	2.2	4,781,004	4.4
South Dakota ...	18,574,471	26.46	12,289,967	66.2	4,805,910	25.9	–	–	1,394,064	7.5	84,530	0.5
Tennessee	107,821,626	22.75	87,636,363	81.3	14,904,126	13.8	–	–	4,971,729	4.6	309,408	0.3
Texas	281,225,345	17.33	271,097,854	96.4	8,647,491	3.1	–	–	150,000	0.0	1,330,000	0.5
Utah	28,335,245	17.30	21,205,764	74.8	5,203,350	18.4	–	–	1,377,260	4.9	548,871	1.9
Vermont	24,161,342	45.16	13,887,480	57.5	9,117,284	37.7	–	–	724,430	3.0	432,148	1.8
Virgin Islands ..	2,463,289	22.96	1,333,889	54.2	1,113,000	45.2	–	–	–	–	16,400	0.7
Virginia	177,979,731	32.10	109,170,295	61.3	28,870,873	16.2	–	–	12,985,212	7.3	26,953,351	15.1
Washington	150,126,000	34.50	103,488,000	68.9	27,045,000	18.0	4,627,000	3.1	–	–	14,966,000	10.0
West Virginia....	42,029,038	21.71	37,750,571	89.8	3,046,956	7.2	–	–	1,230,973	2.9	538	–
Wisconsin	132,829,691	27.82	93,416,251	70.3	20,385,698	15.4	7,483,327	5.6	10,241,630	7.7	1,302,785	1.0
Wyoming	15,384,348	30.46	13,648,127	88.7	717,799	4.7	–	–	915,625	6.0	102,797	0.7

UA Services provided but exact expenditures are unallocatable.

GF Funds collected from SMHA-operated facilities, which revert to the State general fund.

Note: Massachusetts revenue figures include only Federal and first/third-party revenues. State revenues will be added for the NASMHPD final report.

Table 6.6. State mental health agency (SMHA) revenues for mental health services from Federal programs, by source and State: United States, FY 1985

State	All Federal revenues		Medicaid	Percent	Medicare	Percent	Social services block grants	Percent
	Total	Per capita						
Total, U.S.	$1,219,459,455		$710,287,549	58.2%	$181,384,361	14.9%	$51,079,250	4.2%
Alabama	12,256,450	$ 3.07	2,920,521	23.8	1,252	–	1,829,387	14.9
Alaska	2,709,866	5.44	628,006	23.2	–	–	–	–
Arizona	3,310,852	1.05	–	–	–	–	–	–
Arkansas	16,170,216	6.89	10,398,654	64.3	1,423,746	8.8	–	–
California	89,922,000	3.45	57,094,000	63.5	19,095,000	21.2	–	–
Colorado	17,048,906	5.35	10,668,997	62.6	2,101,033	12.3	–	–
Connecticut	3,645,208	1.15	GF	GF	GF	GF	57,571	1.6
Delaware	444,300	0.72	GF	GF	GF	GF	–	–
Dist. of Col.	1,661,531	2.68	713,354	42.9	–	–	–	–
Florida	33,304,803	2.96	9,794,847	29.4	3,659,200	11.0	UA	UA
Georgia	17,249,303	2.92	–	–	8,655,091	50.2	–	–
Hawaii	1,976,924	1.98	–	–	UA	UA	–	–
Idaho	2,668,436	2.67	1,001,844	37.5	28,353	1.1	291,700	10.9
Illinois	27,882,200	2.43	13,627,400	48.9	3,573,900	12.8	–	–
Indiana	29,298,910	5.33	4,881,365	16.7	322,128	1.1	5,589,000	19.1
Iowa	3,307,193	1.15	UA	UA	–	–	–	–
Kansas	10,756,865	4.44	5,954,948	55.4	1,988,545	18.5	–	–
Kentucky	18,417,304	4.99	10,087,437	54.8	2,682,267	14.6	4,251,400	23.1
Louisiana	11,286,090	2.54	7,401,097	65.6	3,063,571	27.1	–	–
Maine	2,812,800	2.44	GF	GF	GF	GF	285,220	10.1
Maryland	1,376,238	0.32	GF	GF	GF	GF	–	–
Massachusetts...	24,642,843	4.24	12,926,013	52.5	1,388,661	5.6	–	–
Michigan	38,181,100	4.21	32,845,700	86.0	–	–	–	–
Minnesota	34,329,402	8.19	25,256,292	73.6	2,955,990	8.6	4,917,120	14.3
Mississippi	14,211,328	5.48	5,464,820	38.5	–	–	4,500,000	31.7
Missouri	7,350,528	1.47	–	–	–	–	1,778,209	24.2
Montana	2,708,348	3.29	1,143,935	42.2	GF	GF	–	–
Nebraska	3,216,302	2.02	–	–	1,572,259	48.9	–	–
Nevada	3,262,513	3.53	276,141	8.5	555,024	17.0	851,749	26.1
New Hampshire.	5,540,667	5.58	2,105,015	38.0	GF	GF	–	–
New Jersey	43,218,515	5.73	21,533,565	49.8	6,139,950	14.2	–	–
New Mexico	8,706,420	6.08	4,299,971	49.4	1,033,149	11.9	19,800	0.2
New York	296,363,870	16.69	224,727,622	75.8	61,936,248	20.9	–	–
North Carolina .	30,092,243	4.90	16,500,000	54.8	6,500,000	21.6	–	–
North Dakota ...	3,137,450	4.66	706,612	22.5	UA	UA	1,854,651	59.1
Ohio	65,522,635	6.11	21,509,986	32.8	9,703,260	14.8	15,016,816	22.9
Oklahoma	23,677,972	7.25	18,047,952	76.2	–	–	–	–
Oregon	12,490,718	4.65	6,828,674	54.7	2,529,574	20.3	51,146	0.4
Pennsylvania	149,147,000	12.60	100,377,000	67.3	22,101,000	14.8	9,400,000	6.3
Puerto Rico	2,835,566	0.87	–	–	–	–	–	–
Rhode Island	3,523,501	3.66	GF	GF	GF	GF	–	–
South Carolina ..	15,936,652	4.84	11,173,939	70.1	–	–	–	–
South Dakota	4,805,910	6.85	1,761,326	36.6	199,089	4.1	–	–
Tennessee	14,904,126	3.14	6,094,765	40.9	3,795,847	25.5	–	–
Texas	8,647,491	0.53	–	–	–	–	–	–
Utah	5,203,350	3.18	2,420,097	46.5	584,104	11.2	5,065	0.1
Vermont	9,117,284	17.04	5,506,869	60.4	722,395	7.9	380,416	4.2
Virgin Islands	1,113,000	10.37	–	–	–	–	–	–
Virginia	28,870,873	5.21	16,253,208	56.3	8,450,131	29.3	–	–
Washington	27,045,000	6.21	19,595,000	72.5	2,977,000	11.0	–	–
West Virginia.....	3,046,956	1.57	138,339	4.5	126,543	4.2	–	–
Wisconsin	20,385,698	4.27	17,265,060	84.7	1,427,480	7.0	–	–
Wyoming	717,799	1.42	357,178	49.8	92,571	12.9	–	–

See footnotes at end of table.

Table 6.6. State mental health agency (SMHA) revenues for mental health services from Federal programs, by source and State: United States, FY 1985 (continued)

	A/D/M[1] block grants	Percent	Other A/D/M[1]	Percent	Special education[2]	Percent Federal	Other	Percent
Total, U.S.	$249,093,597	20.4%	$2,799,775	0.2%	$5,810,724	0.5%	$18,657,671	1.6%
Alabama	6,882,710	56.2	–	–	–	–	622,580	5.1
Alaska	561,900	20.7	–	–	–	–	1,519,960	56.1
Arizona	3,310,852	100.0	–	–	–	–	–	–
Arkansas	4,259,779	26.3	–	–	–	–	88,037	0.5
California	13,733,000	15.3	–	–	–	–	–	–
Colorado	3,883,131	22.8	213,553	1.3	32,168	0.2	150,024	0.9
Connecticut	3,403,559	93.4	184,078	5.0	–	–	–	–
Delaware	317,500	71.5	126,800	28.5	–	–	–	–
Dist. of Col.....	358,702	21.6	–	–	–	–	589,475	35.5
Florida	17,456,772	52.4	–	–	1,636,817	4.9	757,167	2.3
Georgia	8,363,847	48.5	–	–	–	–	230,365	1.3
Hawaii	1,583,120	80.1	–	–	–	–	393,804	19.9
Idaho	723,072	27.1	–	–	–	–	623,467	23.4
Illinois	9,748,400	35.0	–	–	190,000	0.7	742,500	2.7
Indiana	18,420,917	62.9	UA	UA	85,500	0.3	UA	UA
Iowa	200,460	6.1	–	–	UA	UA	3,106,733	93.9
Kansas	2,019,420	18.8	148,112	1.4	468,328	4.4	177,512	1.7
Kentucky	1,210,000	6.6	–	–	–	–	186,200	1.0
Louisiana	716,257	6.3	–	–	–	–	105,165	0.9
Maine	2,322,906	82.6	192,391	6.8	–	–	12,283	0.4
Maryland	679,433	49.4	527,327	38.3	–	–	169,478	12.3
Massachusetts....	9,850,176	40.0	239,993	1.0	238,000	1.0	–	–
Michigan	4,300,000	11.3	–	–	–	–	1,035,400	2.7
Minnesota	1,200,000	3.5	–	–	–	–	–	–
Mississippi	3,900,000	27.4	–	–	–	–	–	–
Missouri	5,244,999	71.4	–	–	–	–	327,320	4.5
Montana	1,513,254	55.9	51,159	1.9	–	–	–	–
Nebraska	1,195,744	37.2	331,055	10.3	117,244	3.6	–	–
Nevada	1,301,483	39.9	232,385	7.1	–	–	45,731	1.4
New Hampshire..	3,277,488	59.2	–	–	–	–	158,184	2.9
New Jersey	15,428,000	35.7	–	–	–	–	117,000	0.3
New Mexico	3,353,500	38.5	–	–	–	–	–	–
New York	9,700,000	3.3	–	–	–	–	–	–
North Carolina ..	6,846,558	22.8	155,441	0.5	–	–	90,224	0.3
North Dakota	544,770	17.4	–	–	7,812	0.2	23,605	0.8
Ohio	15,865,111	24.2	–	–	2,561,058	3.9	866,404	1.3
Oklahoma	5,435,168	23.0	–	–	–	–	194,852	0.8
Oregon	3,068,145	24.6	–	–	–	–	13,179	0.1
Pennsylvania	16,247,000	10.9	–	–	–	–	1,022,000	0.7
Puerto Rico	2,639,506	93.1	–	–	–	–	196,060	6.9
Rhode Island	3,325,181	94.4	126,546	3.6	–	–	71,774	2.0
South Carolina ..	3,336,767	20.9	–	–	–	–	1,425,946	8.9
South Dakota	2,145,984	44.7	41,900	0.9	3,869	0.1	653,742	13.6
Tennessee	4,840,749	32.5	–	–	172,765	1.2	–	–
Texas	7,253,713	83.9	–	–	–	–	1,393,778	16.1
Utah	1,628,388	31.3	229,035	4.4	49,068	0.9	287,593	5.5
Vermont	2,507,604	27.5	–	–	–	–	–	–
Virgin Islands	1,113,000	100.0	–	–	–	–	–	–
Virginia	3,681,019	12.7	–	–	248,095	0.9	238,420	0.8
Washington	4,275,000	15.8	–	–	–	–	198,000	0.7
West Virginia.....	2,724,851	89.4	–	–	–	–	57,223	1.9
Wisconsin	1,056,652	5.2	–	–	–	–	636,506	3.1
Wyoming	138,050	19.2	–	–	–	–	130,000	18.1

Note: Massachusetts revenues figures include only Federal and first/third-party revenues. State revenues will be added for the Final Report.

UA Revenues unallocatable. GF Funds collected from SMHA-operated facilities that revert to the State general fund.

[1]Alcohol, Drug Abuse, and Mental Health. [2]Public Laws 89-313 and 94-124.

Table 6.7. State mental health agency (SMHA) revenues for mental health services as a percentage of total State government revenues, by State: United States, FY 1985

State	State government[1]	SMHA-controlled	SMHA percent of total
Total, U.S.	$438,953,605,000	$8,410,381,827	1.9%
Alabama	6,601,044,000	110,198,843	1.7
Alaska	5,917,595,000	22,334,323	0.4
Arizona	5,330,494,000	38,129,923	0.7
Arkansas	3,342,452,000	55,910,820	1.7
California	57,894,216,000	873,399,000	1.5
Colorado	5,297,513,000	91,994,647	1.7
Connecticut	6,268,311,000	146,746,018	2.3
Delaware	1,682,013,000	28,488,300	1.7
Dist. of Col.	UA	17,623,388	UA
Florida	13,798,172,000	287,514,229	2.1
Georgia	8,759,703,000	138,190,312	1.6
Hawaii	2,676,984,000	25,026,956	0.9
Idaho	1,610,156,000	14,971,082	0.9
Illinois	17,573,049,000	272,721,900	1.6
Indiana	7,916,853,000	175,958,175	2.2
Iowa	4,697,391,000	30,277,877	0.6
Kansas	3,713,641,000	65,077,820	1.8
Kentucky	6,178,424,000	69,470,869	1.1
Louisiana	8,156,067,000	113,993,720	1.4
Maine	2,136,786,000	41,858,726	2.0
Maryland	8,221,203,000	173,547,478	2.1
Massachusetts	11,485,335,000	299,297,416	2.6
Michigan	17,262,139,000	444,620,400	2.6
Minnesota	9,378,366,000	134,032,446	1.4
Mississippi	3,922,729,000	61,651,992	1.6
Missouri	6,682,144,000	138,924,335	2.1
Montana	1,738,331,000	23,998,342	1.4
Nebraska	2,143,559,000	31,943,477	1.5
Nevada	1,909,081,000	24,003,905	1.3
New Hampshire	1,360,511,000	43,610,833	3.2
New Jersey	15,904,710,000	267,391,474	1.7
New Mexico	3,578,714,000	36,303,431	1.0
New York	46,762,391,000	1,600,132,441	3.4
North Carolina	9,878,777,000	232,308,040	2.4
North Dakota	1,651,233,000	23,842,157	1.4
Ohio	21,242,350,000	312,247,990	1.5
Oklahoma	5,672,035,000	104,898,619	1.8
Oregon	5,337,286,000	66,864,644	1.2
Pennsylvania	20,336,975,000	620,264,000	3.0
Puerto Rico	UA	27,366,273	UA
Rhode Island	2,128,753,000	34,953,366	1.6
South Carolina	5,825,035,000	107,361,714	1.8
South Dakota	1,081,777,000	18,574,471	1.7
Tennessee	6,142,245,000	107,821,626	1.8
Texas	21,345,563,000	281,225,345	1.3
Utah	3,133,347,000	28,335,245	0.9
Vermont	1,109,092,000	24,161,342	2.2
Virgin Islands	UA	2,463,289	UA
Virginia	9,030,478,000	177,979,731	2.0
Washington	9,780,504,000	150,126,000	1.5
West Virginia	3,672,424,000	42,029,038	1.1
Wisconsin	9,740,100,000	132,829,691	1.4
Wyoming	1,945,554,000	15,384,348	0.8

[1]U.S. Dept. of Commerce, Bureau of the Census. Government Finances Report Series GF85-No. 3, *State Government Finances in 1985*. Washington, D.C.: the Bureau, 1985.

UA Services provided but exact expenditures are unallocatable.

Table 6.8. State mental health agency (SMHA) expenditures (in thousands) for mental health services, by State: United States, fiscal years 1981, 1983, and 1985

State	Expenditures in thousands						Percent change					
	Current dollars			Constant dollars			Current dollars			Constant dollars		
	FY 1981	FY 1983	FY 1985	FY 1981	FY 1983	FY 1985	1981–83	1983–85	1981–85	1981–83	1983–85	1981–85
Total, U.S.	$6,105,843	$7,147,545	$8,323,968	$6,105,843	$5,891,273	$6,081,390	17.1%	16.5%	36.3%	-3.5%	3.2%	-0.4%
Alabama	77,765	95,014	111,015	77,765	78,314	81,106	22.2	16.8	42.8	0.7	3.6	4.3
Alaska	14,887	18,815	22,334	14,887	15,508	16,317	26.4	18.7	50.0	4.2	5.2	9.6
Arizona	27,818	27,983	38,130	27,818	23,065	27,857	0.6	36.3	37.1	-17.1	20.8	0.1
Arkansas	38,533	46,902	55,886	38,533	38,658	40,830	21.7	19.2	45.0	0.3	5.6	6.0
California	680,274	719,078	873,399	680,274	592,691	638,095	5.7	21.5	28.4	-12.9	7.7	-6.2
Colorado	69,997	77,213	88,331	69,997	63,642	64,534	10.3	14.4	26.2	-9.1	1.4	-7.8
Connecticut	98,787	122,534	139,101	98,787	100,997	101,625	24.0	13.5	40.8	2.2	0.6	2.9
Delaware	26,183	30,798	28,415	26,183	25,385	20,759	17.6	-7.7	8.5	-3.0	-18.2	-20.7
Dist. of Col.....	NA	14,410	17,218	NA	11,877	12,579	NA	19.5	NA	NA	5.9	NA
Florida	200,781	241,157	287,514	200,781	198,771	210,054	20.1	19.2	43.2	-1.0	5.7	4.6
Georgia	138,105	148,742	138,043	138,105	122,599	100,852	7.7	-7.2	-0.0	-11.2	-17.7	-27.0
Hawaii	17,457	21,158	22,612	17,457	17,439	16,520	21.2	6.9	29.5	-0.1	-5.3	-5.4
Idaho	12,831	14,703	14,971	12,831	12,119	10,938	14.6	1.8	16.7	-5.6	-9.8	-14.8
Illinois	203,715	240,179	272,722	203,715	197,965	199,247	17.9	13.6	33.9	-2.8	0.6	-2.2
Indiana	103,207	124,284	150,715	103,207	102,439	110,110	20.4	21.3	46.0	-0.7	7.5	6.7
Iowa	23,022	27,750	30,278	23,022	22,872	22,121	20.5	9.1	31.5	-0.6	-3.3	-3.9
Kansas	41,235	53,433	65,078	41,235	44,041	47,545	29.6	21.8	57.8	6.8	8.0	15.3
Kentucky	54,090	62,359	69,471	54,090	51,398	50,755	15.3	11.4	28.4	-5.0	-1.2	-6.2
Louisiana	80,400	102,694	113,994	80,400	84,844	83,282	27.7	11.0	41.8	5.3	-1.6	3.6
Maine	28,213	36,210	41,755	28,213	29,845	30,506	28.4	15.3	48.0	5.8	2.2	8.1
Maryland	138,897	158,889	175,548	138,897	130,963	126,792	14.4	9.2	25.0	-5.7	-3.2	-8.7
Massachusetts....	182,692	206,661	267,834	182,692	170,337	195,676	13.1	29.6	46.6	-6.8	14.9	-7.1
Michigan	298,900	349,366	444,620	298,900	287,960	324,834	16.9	27.3	48.8	-3.7	12.8	8.7
Minnesota	69,529	123,940	134,032	69,529	102,156	97,922	a	8.1	a	a	-4.1	a
Mississippi	34,571	41,739	61,652	34,571	34,403	45,042	20.7	47.7	78.3	-0.5	30.9	30.3
Missouri	115,839	121,761	138,924	115,839	100,360	101,496	5.1	14.1	19.9	-13.4	1.1	-12.4
Montana	19,399	22,728	23,998	19,399	18,733	17,533	17.2	5.6	23.7	-3.4	-6.4	-9.6
Nebraska	25,879	30,333	33,916	25,879	25,001	24,779	17.2	11.8	31.1	-3.4	-0.9	-4.2
Nevada	18,193	22,276	24,004	18,193	18,361	17,537	22.4	7.8	31.9	0.9	-4.5	-3.6
New Hampshire..	32,341	37,010	41,730	32,341	30,505	30,487	14.4	12.8	29.0	-5.7	-0.1	-5.7

See footnotes at end of table.

Table 6.8. State mental health agency (SMHA) expenditures (in thousands) for mental health services, by State: United States, fiscal years 1981, 1983, and 1985 (continued)

State	Expenditures in thousands						Percent change					
	Current dollars			Constant dollars			Current dollars			Constant dollars		
	FY 1981	FY 1983	FY 1985	FY 1981	FY 1983	FY 1985	1981–83	1983–85	1981–85	1981–83	1983–85	1981–85
New Jersey	$ 193,955	$ 233,013	$ 268,817	$ 193,955	$ 192,058	$ 196,395	20.1%	15.4%	38.6%	–1.0%	2.3%	1.3%
New Mexico	31,321	34,475	35,256	31,321	28,416	25,758	10.1	2.3	12.6	–9.3	–9.4	–17.8
New York	1,171,777	1,306,060	1,600,132	1,171,777	1,076,503	1,169,037	11.5	22.5	36.6	–8.1	8.6	–0.2
North Carolina	138,346	170,334	232,308	138,346	140,396	169,721	23.1	36.4	67.9	1.5	20.9	22.7
North Dakota	24,996	28,085	24,396	24,996	23,149	17,823	12.4	–13.1	–2.4	–7.4	–23.0	–28.7
Ohio	266,668	305,404	326,321	266,668	251,726	238,406	14.5	6.8	22.4	–5.6	–5.3	–10.6
Oklahoma	67,924	108,206	100,903	67,924	89,188	73,718	59.3	–6.8	48.6	31.3	–17.3	8.5
Oregon	54,546	56,740	66,865	54,546	46,767	48,851	4.0	17.8	22.6	–14.3	4.4	–10.4
Pennsylvania	481,111	563,403	620,264	481,111	464,378	453,157	17.1	10.1	28.9	–3.5	–2.4	–5.8
Puerto Rico	NA	27,720	27,366	NA	22,848	19,993	NA	–1.3	NA	NA	–12.5	NA
Rhode Island	34,080	29,963	33,672	34,080	24,697	24,600	–12.1	12.4	–1.2	–27.5	–0.4	–27.8
South Carolina	95,898	104,044	107,362	95,898	85,757	78,437	8.5	3.2	12.0	–10.6	–8.5	–18.2
South Dakota	11,701	14,325	15,251	11,701	11,807	11,142	22.4	6.5	30.3	0.9	–5.6	–4.8
Tennessee	81,984	92,924	107,822	81,984	76,592	78,773	13.3	16.0	31.5	–6.6	2.8	–3.9
Texas	191,069	249,341	281,225	191,069	205,516	205,460	30.5	12.8	47.2	7.6	–0.0	7.5
Utah	20,187	25,614	28,335	20,187	21,112	20,701	26.9	10.6	40.4	4.6	–2.0	2.6
Vermont	16,607	20,788	23,729	16,607	17,134	17,336	25.2	14.2	42.9	3.2	1.2	4.4
Virgin Islands	NA	2,410	2,079	NA	1,986	1,519	NA	–13.7	NA	NA	–23.5	NA
Virginia	119,613	154,682	177,980	119,613	127,495	130,030	29.3	15.1	48.8	6.6	2.0	8.7
Washington	74,458	99,930	128,373	74,458	82,366	93,788	34.2	28.5	72.4	10.6	13.9	26.0
West Virginia	38,500	39,158	42,029	38,500	32,276	30,706	1.7	7.3	9.2	–16.2	–4.9	–20.2
Wisconsin	106,225	126,482	132,830	106,225	104,251	97,044	19.1	5.0	25.0	–1.9	–6.9	–8.6
Wyoming	11,335	14,324	15,412	11,335	11,806	11,260	26.4	7.6	36.0	4.2	–4.6	–0.7

NA Data not available for fiscal year.

a FY 1981 data are not comparable with FY 1983 and FY 1985 data for Minnesota.

Table 6.9. State mental health agency (SMHA) per capita expenditures (in thousands) for mental health services, by State: United States, fiscal years 1981, 1983, and 1985

State	Expenditures in thousands						Percent change					
	Current dollars			Constant dollars			Current dollars			Constant dollars		
	FY 1981	FY 1983	FY 1985	FY 1981	FY 1983	FY 1985	1981–83	1983–85	1981–85	1981–83	1983–85	1981–85
Alabama	$19.92	$24.15	$27.78	$19.92	$19.91	$20.30	21.2%	15.0%	39.4%	–0.1%	2.0%	–1.9%
Alaska	37.88	41.17	44.85	37.88	33.94	32.77	8.7	8.9	18.4	–10.4	–3.4	–13.5
Arizona	9.99	9.51	12.06	9.99	7.84	8.81	–4.8	26.9	20.7	–21.6	12.4	–11.8
Arkansas	16.82	20.27	23.80	16.82	16.71	17.39	20.5	17.4	41.5	–0.7	4.1	3.4
California	28.41	28.88	33.51	28.41	23.80	24.48	1.6	16.0	18.0	–16.2	2.8	–13.8
Colorado	23.83	24.88	27.72	23.83	20.51	20.25	4.4	11.4	16.3	–13.9	–1.3	–15.0
Connecticut	31.77	39.22	44.02	31.77	32.33	32.16	23.4	12.2	38.5	1.8	–0.5	1.2
Delaware	44.38	51.33	46.05	44.38	42.31	33.65	15.7	–10.3	3.8	–4.7	–20.5	–24.2
Dist. of Col.	NA	23.35	27.82	NA	19.25	20.32	NA	19.1	NA	NA	5.6	NA
Florida	19.89	22.66	25.52	19.89	18.67	18.64	13.9	12.6	28.3	–6.1	–0.2	–6.3
Georgia	25.10	26.28	23.38	25.10	21.66	17.08	4.7	–11.0	–6.8	–13.7	–21.2	–32.0
Hawaii	18.89	21.95	22.66	18.89	18.09	16.55	16.2	3.2	19.9	–4.2	–8.5	–12.4
Idaho	13.39	14.99	14.99	13.39	12.35	10.95	11.9	–0.0	11.9	–7.8	–11.4	–18.2
Illinois	17.83	21.00	23.73	17.83	17.31	17.34	17.8	13.0	33.1	–2.9	0.2	–2.8
Indiana	18.83	22.74	27.44	18.83	18.74	20.05	20.8	20.7	45.8	–0.4	7.0	6.5
Iowa	7.89	9.56	10.51	7.89	7.88	7.68	21.2	9.9	33.2	–0.1	–2.6	–2.7
Kansas	17.47	22.28	26.85	17.47	18.37	19.61	27.5	20.5	53.7	5.1	6.8	12.3
Kentucky	14.84	16.95	18.82	14.84	13.97	13.75	14.2	11.0	26.8	–5.9	–1.6	–7.4
Louisiana	18.85	23.29	25.62	18.85	19.19	18.72	23.5	10.0	35.9	1.8	–2.5	–0.7
Maine	25.12	31.90	36.15	25.12	26.30	26.41	27.0	13.3	43.9	4.7	0.4	5.1
Maryland	32.96	37.39	39.96	32.96	30.82	29.19	13.4	6.9	21.2	–6.5	–5.3	–11.4
Massachusetts	31.83	35.95	46.11	31.83	29.63	33.69	13.0	28.2	44.9	–6.9	13.7	5.8
Michigan	32.49	38.65	48.98	32.49	31.85	35.79	18.9	26.8	50.8	–2.0	12.4	10.1
Minnesota	16.91	29.92	31.98	16.91	24.66	23.36	a	6.9	a	a	–5.3	a
Mississippi	13.69	16.31	23.78	13.69	13.44	17.37	19.2	45.8	73.7	–1.8	29.2	26.9
Missouri	23.57	24.62	27.72	23.57	20.29	20.25	4.4	12.6	17.6	–13.9	–0.2	–14.1
Montana	24.49	28.02	29.20	24.49	23.10	21.33	14.4	4.2	19.2a	–5.7	–7.7	–12.9
Nebraska	16.48	19.15	21.29	16.48	15.78	15.55	16.2	11.2	29.2	–4.2	–1.4	–5.6
Nevada	21.81	25.20	25.95	21.81	20.77	18.96	15.5	3.0	19.0	–4.8	–8.7	–13.1
New Hampshire	34.70	38.84	42.02	34.70	32.01	30.70	11.9	8.2	21.1	–7.8	–4.1	–11.5

See footnotes at end of table.

Table 6.9. State mental health agency (SMHA) per capita expenditures (in thousands) for mental health services, by State: United States, fiscal years 1981, 1983, and 1985 (continued)

State	Expenditures in thousands						Percent change					
	Current dollars			Constant dollars			Current dollars			Constant dollars		
	FY 1981	FY 1983	FY 1985	FY 1981	FY 1983	FY 1985	1981–83	1983–85	1981–85	1981–83	1983–85	1981–85
New Jersey	$26.27	$31.32	$35.65	$26.27	$25.81	$26.05	19.2%	13.8%	35.7%	–1.8%	–0.9%	–0.9%
New Mexico	23.73	24.93	24.60	23.73	20.55	17.97	5.1	–1.3	3.7	–13.4	–12.5	–24.2
New York	66.84	74.06	90.12	66.84	61.04	65.84	10.8	21.7	34.8	–8.7	7.9	–1.5
North Carolina ...	23.82	28.53	37.81	23.62	23.51	27.62	20.8	32.5	60.0	–0.5	17.5	16.9
North Dakota	38.46	41.92	36.25	38.46	34.55	26.48	9.0	–13.5	–5.7	–10.2	–23.4	–31.1
Ohio	24.72	28.48	30.41	24.72	23.48	22.22	15.2	6.8	23.0	–5.0	–5.4	–10.1
Oklahoma	22.07	33.02	30.89	22.07	27.22	22.56	49.6	–6.5	39.9	23.3	–17.1	2.2
Oregon	20.45	21.35	24.89	20.45	17.60	18.19	4.4	16.6	21.7	–13.9	3.3	–11.1
Pennsylvania	40.54	47.44	52.39	40.54	39.10	38.27	17.0	10.4	29.2	–3.5	–2.1	–5.6
Puerto Rico	NA	8.50	8.38	NA	7.00	6.12	NA	–1.4	NA	NA	–12.6	NA
Rhode Island	36.03	31.54	35.00	36.03	26.00	25.57	–12.4	11.0	–2.8	–27.8	–1.6	–29.0
South Carolina	30.79	32.61	32.61	30.79	26.87	23.83	5.9	0.0	5.9	–12.7	–11.3	–22.6
South Dakota	17.06	20.73	21.73	17.06	17.09	15.87	21.5	4.8	27.4	0.2	–7.1	–7.0
Tennessee	17.79	19.97	22.75	17.79	16.46	16.62	12.3	13.9	27.9	–7.5	1.0	–6.6
Texas	13.08	15.95	17.33	13.08	13.15	12.66	22.0	8.7	32.6	0.5	–3.7	–3.2
Utah	13.31	15.91	17.30	13.31	13.11	12.64	19.6	8.7	30.0	–1.5	–3.6	–5.0
Vermont	32.18	39.60	44.35	32.18	32.64	32.40	23.0	12.0	37.8	1.4	–0.7	0.7
Virgin Islands	NA	23.22	19.37	NA	19.13	14.15	NA	–16.6	NA	NA	–26.0	NA
Virginia	22.65	28.68	32.10	22.65	23.64	23.45	26.6	11.9	41.7	4.4	–0.8	3.5
Washington	17.81	23.55	29.50	17.81	19.41	21.55	32.2	25.3	65.6	9.0	11.0	21.0
West Virginia.....	19.64	19.96	21.71	19.64	16.45	15.86	1.6	8.8	10.5	–16.2	–3.6	–19.2
Wisconsin	22.44	26.66	27.82	22.44	21.98	20.33	18.8	4.4	24.0	–2.1	–7.5	–9.4
Wyoming	23.13	27.92	30.52	23.13	23.01	22.30	20.7	9.3	31.9	–0.5	–3.1	–3.6

NA Data not available for fiscal year.
a FY 1981 data not comparable with FY 1983 and FY 1985 data for Minnesota.

Table 6.10. State mental health agency (SMHA) expenditures (in thousands) for State mental hospitals, by State: United States, fiscal years 1981, 1983, and 1985

State	Expenditures in thousands						Percent change					
	Current dollars			Constant dollars			Current dollars			Constant dollars		
	FY 1981	FY 1983	FY 1985	FY 1981	FY 1983	FY 1985	1981–83	1983–85	1981–85	1981–83	1983–85	1981–85
Total, U.S.	$4,073,312	$4,629,082	$5,305,334	$4,073,312	$3,815,462	$3,876,013	13.6%	14.6%	30.2%	–6.3%	1.6%	–4.8%
Alabama	61,814	75,240	87,663	61,814	62,016	64,046	21.7	16.5	41.8	0.3	3.3	3.6
Alaska	9,829	12,655	13,681	9,829	10,430	9,995	28.8	8.1	39.2	6.1	–4.2	1.7
Arizona	16,485	16,357	23,323	16,485	13,482	17,040	–0.8	42.6	41.5	–18.2	26.4	3.4
Arkansas	16,382	27,274	32,336	16,382	22,481	23,625	66.5	18.6	97.4	37.2	5.1	44.2
California	210,694	209,721	257,059	210,694	172,860	187,804	–0.5	22.6	22.0	–18.0	8.6	–10.9
Colorado	43,577	50,141	56,057	43,577	41,328	40,954	15.1	11.8	28.6	–5.2	–0.9	–6.0
Connecticut	66,934	92,218	98,283	66,934	76,009	71,805	37.8	6.6	46.8	13.6	–5.5	7.3
Delaware	23,516	27,514	24,527	23,516	22,678	17,919	17.0	–10.9	4.3	–3.6	–21.0	–23.8
Dist. of Col.....	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Florida	125,776	141,999	156,424	125,776	117,041	114,282	12.9	10.2	24.4	–6.9	–2.4	–9.1
Georgia	125,316	122,592	103,120	125,316	101,045	75,338	–2.2	–15.9	–17.7	–19.4	–25.4	–39.9
Hawaii	7,153	8,590	8,698	7,153	7,080	6,355	20.1	1.3	21.6	–1.0	–10.2	–11.2
Idaho	7,378	8,611	8,751	7,378	7,097	6,393	16.7	1.6	18.6	–3.8	–9.9	–13.4
Illinois	145,110	145,119	170,203	145,110	119,613	124,348	0.0	17.3	17.3	–17.6	4.0	–14.3
Indiana	69,510	67,814	89,564	69,510	55,894	65,435	–2.4	32.1	28.8	–19.6	17.1	–5.9
Iowa	22,579	26,461	28,002	22,579	21,810	20,458	17.2	5.8	24.0	–3.4	–6.2	–9.4
Kansas	35,378	44,313	53,632	35,378	36,525	39,183	25.3	21.0	51.6	3.2	7.3	10.8
Kentucky	32,070	42,587	45,772	32,070	35,101	33,441	32.8	7.5	42.7	9.4	–4.7	4.3
Louisiana	59,986	73,394	76,184	59,986	60,494	55,659	22.4	3.8	27.0	0.8	–8.0	–7.2
Maine	20,889	25,396	28,751	20,889	20,932	21,005	21.6	13.2	37.6	0.2	0.4	0.6
Maryland	119,930	134,059	144,124	119,930	110,496	105,295	11.8	7.5	20.2	–7.9	–4.7	–12.2
Massachusetts.....	69,456	61,513	91,185	69,456	50,702	66,619	–11.4	48.2	31.3	–27.0	31.4	–4.1
Michigan	190,500	240,782	280,523	190,500	198,462	204,947	26.4	16.5	47.3	4.2	3.3	7.6
Minnesota	39,739	55,936	60,989	39,739	46,105	44,558	a	9.0	a	a	–3.4	a
Mississippi	31,529	33,564	45,822	31,529	27,665	33,477	6.4	36.5	45.3	–12.3	21.0	6.2
Missouri	70,256	67,653	74,929	70,256	55,763	54,742	–3.7	10.8	6.7	–20.6	–1.8	–22.1
Montana	11,499	16,018	16,707	11,499	13,203	12,206	39.3	4.3	45.3	14.8	–7.6	6.2
Nebraska	20,743	23,671	26,971	20,743	19,510	19,705	14.1	13.9	30.0	–6.0	1.0	–5.0
Nevada	7,497	12,503	15,086	7,497	10,305	11,022	66.8	20.7	101.2	37.5	7.0	47.0
New Hampshire....	25,125	23,843	25,780	25,125	19,652	18,834	–5.1	8.1	2.6	–21.8	–4.2	–25.0

See footnotes at end of table.

Table 6.10. State mental health agency (SMHA) expenditures (in thousands) for State mental hospitals, by State: United States, fiscal years 1981, 1983, and 1985 (continued)

State	Expenditures in thousands						Percent change					
	Current dollars			Constant dollars			Current dollars			Constant dollars		
	FY 1981	FY 1983	FY 1985	FY 1981	FY 1983	FY 1985	1981–83	1983–85	1981–85	1981–83	1983–85	1981–85
New Jersey	$ 131,415	$ 162,655	$ 182,002	$ 131,415	$ 134,066	$ 132,968	23.8%	11.9%	38.5%	2.0%	-0.8%	1.2%
New Mexico	22,535	19,711	21,001	22,535	16,247	15,343	-12.5	6.5	-6.8	-27.9	-5.6	-31.9
New York	983,663	1,079,794	1,322,148	983,663	890,007	965,945	9.8	22.4	34.4	-9.5	8.5	-1.8
North Carolina	93,579	104,071	145,751	93,579	85,779	106,484	11.2	40.0	55.8	-8.3	24.1	13.8
North Dakota	15,826	20,246	15,472	15,826	16,688	11,304	27.9	-23.6	-2.2	5.4	-32.3	-28.6
Ohio	167,585	195,030	202,699	167,585	160,751	148,089	16.3	3.9	21.0	-4.1	-7.9	-11.6
Oklahoma	44,708	70,507	64,042	44,708	58,114	46,788	57.7	-9.2	43.2	30.0	-19.5	4.6
Oregon	31,200	33,314	40,587	31,200	27,458	29,653	6.8	21.8	30.1	-12.0	8.0	-5.0
Pennsylvania	374,702	434,722	469,526	374,702	358,314	343,030	16.0	8.0	25.3	-4.4	-4.3	-8.4
Puerto Rico	NA	12,388	12,991	NA	10,211	9,491	NA	4.9	NA	NA	-7.0	NA
Rhode Island	28,355	21,439	21,651	28,355	17,671	15,818	-24.4	1.0	-23.6	-37.7	-10.5	-44.2
South Carolina	65,923	77,163	79,909	65,923	63,600	58,381	17.0	3.6	21.2	-3.5	-8.2	-11.4
South Dakota	9,163	9,883	11,210	9,163	8,146	8,190	7.9	13.4	22.4	-11.1	0.5	-10.6
Tennessee	65,220	70,156	78,007	65,220	57,825	56,991	7.6	11.2	19.6	-11.3	-1.4	-12.6
Texas	140,249	175,910	193,399	140,249	144,991	141,295	25.4	9.9	37.9	3.4	-2.6	0.8
Utah	9,991	12,535	13,854	9,991	10,332	10,122	25.5	10.5	38.7	3.4	-2.0	1.3
Vermont	8,649	9,625	8,874	8,649	7,933	6,337	11.3	-9.9	0.3	-8.3	-20.1	-26.7
Virgin Islands	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Virginia	99,493	119,167	137,696	99,493	98,222	100,599	19.8	15.6	38.4	-1.3	2.4	1.1
Washington	36,269	45,893	61,303	36,269	37,827	44,787	26.5	33.6	69.0	4.3	18.4	23.5
West Virginia	24,298	25,218	27,706	24,298	20,787	20,242	3.8	9.9	14.0	-14.4	-2.6	-16.7
Wisconsin	25,218	31,520	40,324	25,218	25,980	29,461	25.0	27.9	59.9	3.0	13.4	16.8
Wyoming	8,620	10,596	11,232	8,620	8,734	8,206	22.9	6.0	30.3	1.3	-6.0	-4.8

NA Data not available for fiscal year.

a FY 1981 data are not comparable with FY 1983 and FY 1985 data for Minnesota.

Table 6.11. State mental health agency (SMHA) expenditures (in thousands) for community-based programs, by State: United States, fiscal years 1981, 1983, and 1985

State	Expenditures in thousands						Percent change					
	Current dollars			Constant dollars			Current dollars			Constant dollars		
	FY 1981	FY 1983	FY 1985	FY 1981	FY 1983	FY 1985	1981–83	1983–85	1981–85	1981–83	1983–85	1981–85
Total, U.S.	$1,757,587	$2,156,753	$2,647,433	$1,757,587	$1,777,676	$1,934,183	22.7%	22.8%	50.6%	1.1%	8.8%	10.0%
Alabama	12,231	17,885	20,836	12,231	14,742	15,222	48.2	16.5	70.4	20.5	3.3	24.4
Alaska	4,074	5,689	7,240	4,074	4,689	5,289	39.7	27.2	77.7	15.1	12.8	29.8
Arizona	10,859	11,626	13,692	10,859	9,583	10,003	7.1	17.8	26.1	-11.8	4.4	-7.9
Arkansas	15,497	16,089	18,874	15,497	13,261	13,789	3.8	17.3	21.8	-14.4	4.0	-11.0
California	453,322	475,943	587,439	453,322	392,290	429,176	5.0	23.4	29.6	-13.5	9.4	-5.3
Colorado	24,646	25,864	30,965	24,646	21,318	22,623	4.9	19.7	25.6	-13.5	6.1	-8.2
Connecticut	23,219	22,125	31,161	23,219	18,236	22,766	-4.7	40.8	34.2	-21.5	24.8	-2.0
Delaware	2,482	2,922	3,518	2,482	2,408	2,570	17.7	20.4	41.8	-3.0	6.7	3.6
Dist. of Col.....	NA	12,986	13,845	NA	10,704	10,115	NA	6.6	NA	NA	-5.5	NA
Florida	73,788	79,871	131,090	73,788	65,833	95,773	8.2	64.1	77.7	-10.8	45.5	29.8
Georgia	9,329	24,550	32,934	9,329	20,235	24,061	163.2	34.2	253.0	116.9	18.9	157.9
Hawaii	9,474	11,093	12,371	9,474	9,143	9,038	17.1	11.5	30.6	-3.5	-1.2	-4.6
Idaho	4,923	5,937	5,691	4,923	4,893	4,158	20.6	-4.1	15.6	-0.6	-15.0	-15.5
Illinois	48,804	63,070	81,036	48,804	51,984	59,204	29.2	28.5	66.0	6.5	13.9	21.3
Indiana	31,983	54,710	59,358	31,983	45,094	43,366	71.1	8.5	85.6	41.0	-3.8	35.6
Iowa	a	947	1,963	a	781	1,434	a	107.2	a	a	83.7	a
Kansas	4,517	7,799	9,353	4,517	6,428	6,833	72.6	19.9	107.0	42.3	6.3	51.3
Kentucky	20,639	19,240	21,849	20,639	15,859	15,963	-6.8	13.6	5.9	-23.2	0.7	-22.7
Louisiana	17,029	24,135	31,766	17,029	19,893	23,208	41.7	31.6	86.5	16.8	16.7	36.3
Maine	6,459	9,917	11,863	6,459	8,174	8,667	53.5	19.6	83.7	26.6	6.0	34.2
Maryland	14,683	18,557	22,551	14,683	15,296	16,476	26.4	21.5	53.6	4.2	7.7	12.2
Massachusetts.....	89,190	119,836	143,127	89,190	98,773	104,567	34.4	19.4	60.5	10.7	5.9	17.2
Michigan	100,400	90,206	145,948	100,400	74,351	106,628	-10.2	61.8	45.4	-26.0	43.4	6.2
Minnesota	29,455	46,298	50,614	29,455	38,161	36,978	b	9.3	b	b	-3.1	b
Mississippi	1,955	6,566	14,581	1,955	5,412	–	235.9	122.1	646.0	176.9	96.8	445.0
Missouri	41,709	50,239	59,065	41,709	41,409	43,152	20.4	17.6	41.6	-0.7	4.2	3.5
Montana	7,438	6,292	7,008	7,438	5,186	5,120	-15.4	11.4	-5.8	-30.3	-1.3	-31.2
Nebraska	4,168	5,455	5,678	4,168	4,496	4,148	30.9	4.1	36.2	7.9	-7.7	-0.5
Nevada	10,241	9,422	8,534	10,241	7,766	6,235	-8.0	-9.4	-16.7	-24.2	-19.7	-39.1
New Hampshire...	6,406	12,199	14,605	6,406	10,055	10,670	90.4	19.7	128.0	57.0	6.1	66.6

See footnotes at end of table.

243

Table 6.11. State mental health agency (SMHA) expenditures (in thousands) for community-based programs, by State: United States, fiscal years 1981, 1983, and 1985 (continued)

State	Expenditures in thousands						Percent change					
	Current dollars			Constant dollars			Current dollars			Constant dollars		
	FY 1981	FY 1983	FY 1985	FY 1981	FY 1983	FY 1985	1981–83	1983–85	1981–85	1981–83	1983–85	1981–85
New Jersey	28,742	40,676	54,990	28,742	33,526	40,175	41.5	35.2	91.3	16.6	19.8	39.8
New Mexico	7,568	13,919	13,912	7,568	11,473	10,164	83.9	-0.0	83.8	51.6	-11.4	34.3
New York	127,268	168,063	204,885	127,268	138,523	149,687	32.0	21.9	61.0	8.8	8.1	17.6
North Carolina	44,184	64,502	84,400	44,184	53,165	61,662	46.0	30.8	91.0	20.3	16.0	39.6
North Dakota	8,640	7,694	8,747	8,640	6,341	6,390	-11.0	13.7	1.2	-26.6	0.8	-26.0
Ohio	82,167	98,304	110,366	82,167	81,026	80,632	19.6	12.3	34.3	-1.4	-0.5	-1.9
Oklahoma	20,059	32,720	32,482	20,059	26,969	23,731	63.1	-0.7	61.9	34.4	-12.0	18.3
Oregon	19,619	20,293	23,682	19,619	16,726	17,301	3.4	16.7	20.7	-14.7	3.4	-11.8
Pennsylvania	91,312	113,837	133,864	91,312	93,829	97,799	24.7	17.6	46.6	2.8	4.2	7.1
Puerto Rico	NA	12,684	12,850	NA	10,454	9,388	NA	1.3	NA	NA	-10.2	NA
Rhode Island	5,171	7,937	11,360	5,171	6,542	8,299	53.5	43.1	119.7	26.5	26.9	60.5
South Carolina	18,304	20,634	21,336	18,304	17,008	15,588	12.7	3.4	16.6	-7.1	-8.4	-14.8
South Dakota	2,281	3,676	3,673	2,281	3,030	2,684	61.1	-0.1	61.0	32.8	-11.4	17.8
Tennessee	13,770	18,928	25,938	13,770	15,601	18,950	37.5	37.0	88.4	13.3	21.5	37.6
Texas	43,145	61,380	71,776	43,145	50,592	52,438	42.3	16.9	66.4	17.3	3.6	21.5
Utah	9,690	12,345	13,682	9,690	10,176	9,996	27.4	10.8	41.2	5.0	-1.8	3.2
Vermont	7,689	10,278	14,134	7,689	8,472	10,326	33.7	37.5	83.8	10.2	21.9	34.3
Virgin Islands	NA	2,148	1,686	NA	1,770	1,231	NA	-21.5	NA	NA	-30.4	NA
Virginia	16,163	26,884	31,888	16,163	22,159	23,297	66.3	19.6	97.3	37.1	5.1	44.1
Washington	36,084	50,970	64,794	36,084	42,011	47,338	41.2	27.1	79.6	16.4	12.7	31.2
West Virginia	13,959	13,600	13,797	13,959	11,210	10,080	-2.6	1.4	-1.2	-19.7	-10.1	-27.8
Wisconsin	80,213	94,212	91,054	80,213	77,653	66,523	17.4	-3.4	13.5	-3.2	-14.3	-17.1
Wyoming	2,640	3,604	3,587	2,640	2,971	2,620	36.5	-0.5	35.9	12.5	-11.8	-0.7

NA Data not available for fiscal year.

a In 1981, the Iowa State mental health agency did not have responsibility for community-based mental health programs.

b FY 1981 data are not comparable with FY 1983 and FY 1985 data for Minnesota.

Table 6.12. State mental health agency (SMHA) revenues (in thousands) for mental health services, by State: United States, fiscal years 1981, 1983, and 1985

State	Expenditures in thousands						Percent change					
	Current dollars			Constant dollars			Current dollars			Constant dollars		
	FY 1981	FY 1983	FY 1985	FY 1981	FY 1983	FY 1985	1981–83	1983–85	1981–85	1981–83	1983–85	1981–85
Total, U.S.	$4,977,968	$5,528,311	$6,549,735	$4,977,968	$4,556,641	$4,785,158	11.1%	18.5%	31.6%	-8.5%	5.0%	-3.9%
Alabama	67,428	75,999	92,778	67,428	62,641	67,782	12.7	22.1	37.6	-7.1	8.2	0.5
Alaska	14,689	14,258	19,624	14,689	11,752	14,337	-2.9	37.6	33.6	-20.0	22.0	-2.4
Arizona	27,899	23,217	33,611	27,899	19,136	24,556	-16.8	44.8	20.5	-31.4	28.3	-12.0
Arkansas	19,546	34,702	38,547	19,546	28,602	28,162	77.5	11.1	97.2	46.3	-1.5	44.1
California	609,603	538,611	631,528	609,603	443,943	461,387	-11.6	17.2	3.6	-27.2	3.9	-24.3
Colorado	51,792	62,650	67,430	51,792	51,638	49,264	21.0	7.6	30.2	-0.3	-4.6	-4.9
Connecticut	97,320	120,071	143,068	97,320	98,967	104,524	23.4	19.2	47.0	1.7	5.6	7.4
Delaware	26,183	30,971	28,044	26,183	25,528	20,489	18.3	-9.4	7.1	-2.5	-19.7	-21.8
Dist. of Col.....	NA	13,188	15,962	NA	10,870	11,662	NA	21.0	NA	NA	7.3	NA
Florida	149,173	183,177	223,896	149,173	150,981	163,576	22.8	22.2	50.1	1.2	8.3	9.7
Georgia	181,144	135,310	120,485	181,144	111,528	88,025	-25.3	-11.0	-33.5	-38.4	-21.1	-51.4
Hawaii	14,539	20,117	22,409	14,539	16,581	16,372	38.4	11.4	54.1	14.0	-1.3	12.6
Idaho	8,996	10,495	11,365	8,996	8,651	8,303	16.7	8.3	26.3	-3.8	-4.0	-7.7
Illinois	181,015	204,713	239,832	181,015	168,732	175,219	13.1	17.2	32.5	-6.8	3.8	-3.2
Indiana	104,546	108,303	136,415	104,546	89,267	99,663	3.6	26.0	30.5	-14.6	11.6	-4.7
Iowa	5,990	9,515	10,706	5,990	7,843	7,822	58.8	12.5	78.7	30.9	-0.3	30.6
Kansas	30,898	35,731	49,443	30,898	29,450	36,123	15.6	38.4	60.0	-4.7	22.7	16.9
Kentucky	40,169	39,642	49,684	40,169	32,674	36,299	-1.3	25.3	23.7	-18.7	11.1	-9.6
Louisiana	74,540	95,897	102,708	74,540	79,042	75,037	28.6	7.1	37.8	6.0	-5.1	0.7
Maine	27,992	33,393	39,046	27,992	27,524	28,526	19.3	16.9	39.5	-1.7	3.6	1.9
Maryland	137,031	156,370	170,726	137,031	128,886	124,730	14.1	9.2	24.6	-5.9	-3.2	-9.0
Massachusetts.....	187,636	208,983	270,844	187,636	172,251	197,875	11.4	29.6	44.4	-8.2	14.9	5.5
Michigan	298,900	343,280	356,427	298,900	282,944	260,401	14.8	3.8	19.2	-5.3	-8.0	-12.9
Minnesota	36,783	74,836	84,064	36,783	61,683	61,416	a	12.3	a	a	-0.4	a
Mississippi	29,295	31,979	44,888	29,295	26,358	32,795	9.2	40.4	53.2	-10.0	24.4	12.0
Missouri	112,768	115,155	131,297	112,768	94,915	95,924	2.1	14.0	16.4	-15.8	1.1	-14.9
Montana	13,738	19,212	21,290	13,738	15,835	15,554	39.8	10.8	55.0	15.3	-1.8	13.2
Nebraska	16,928	22,457	23,553	16,928	18,510	17,208	32.7	4.9	39.1	9.3	-7.0	1.6
Nevada	13,647	15,988	17,809	13,647	13,178	13,011	17.2	11.4	30.5	-3.4	-1.3	-4.7
New Hampshire...	25,845	29,792	38,070	25,845	24,556	27,814	15.3	27.8	47.3	-5.0	13.3	7.6

See footnotes at end of table.

Table 6.12. State mental health agency (SMHA) revenues (in thousands) for mental health services, by State: United States, fiscal years 1981, 1983, and 1985 (continued)

State	Expenditures in thousands						Percent change					
	Current dollars			Constant dollars			Current dollars			Constant dollars		
	FY 1981	FY 1983	FY 1985	FY 1981	FY 1983	FY 1985	1981–83	1983–85	1981–85	1981–83	1983–85	1981–85
New Jersey	$ 134,083	$ 151,944	$ 182,850	$ 134,083	$ 125,238	$ 133,588	13.3%	20.3%	36.4%	-6.6%	6.7%	-0.4%
New Mexico	31,076	30,260	27,100	31,076	24,941	19,799	-2.6	-10.4	-12.8	-19.7	-20.6	-36.3
New York	811,627	855,433	1,240,557	811,627	705,080	906,336	5.4	45.0	52.8	-13.1	28.5	11.7
North Carolina	91,804	114,270	166,418	91,804	94,186	121,583	24.5	45.6	81.3	2.6	29.1	32.4
North Dakota	24,548	18,130	13,377	24,548	14,943	9,773	-26.2	-26.2	-45.5	-39.1	-34.6	-60.2
Ohio	209,884	223,740	232,381	209,884	184,415	169,775	6.6	3.9	10.7	-12.1	-7.9	-19.1
Oklahoma	54,465	83,455	80,092	54,465	68,787	58,514	53.2	-4.0	47.0	26.3	-14.9	7.4
Oregon	44,130	41,118	50,284	44,130	33,891	36,737	-6.8	22.3	14.0	-23.2	8.4	-16.8
Pennsylvania	341,483	390,895	418,512	341,483	322,190	305,760	14.5	7.1	22.6	-5.6	-5.1	-10.5
Puerto Rico	NA	24,760	24,531	NA	20,408	17,922	NA	-0.9	NA	NA	-12.2	NA
Rhode Island	26,421	28,199	31,430	26,421	23,243	22,962	6.7	11.5	19.0	-12.0	-1.2	-13.1
South Carolina	78,053	79,813	81,730	78,053	65,785	59,711	2.3	2.4	4.7	-15.7	-9.2	-23.5
South Dakota	9,388	10,922	12,290	9,388	9,003	8,979	16.3	12.5	30.9	-4.1	-0.3	-4.4
Tennessee	66,679	72,608	87,636	66,679	59,846	64,026	8.9	20.7	31.4	-10.2	7.0	-4.0
Texas	177,236	238,147	271,098	177,236	196,290	198,061	34.4	13.8	53.0	10.8	0.9	11.8
Utah	16,685	19,275	21,206	16,685	15,887	15,493	15.5	10.0	27.1	-4.8	-2.5	-7.1
Vermont	9,030	11,479	13,887	9,030	9,462	10,146	27.1	21.0	53.8	4.8	7.2	12.4
Virgin Islands	NA	1,023	1,334	NA	843	975	NA	30.4	NA	NA	15.6	NA
Virginia	89,614	118,133	109,170	89,614	97,370	79,759	31.8	-7.6	21.8	8.6	-18.1	-11.0
Washington	64,983	82,394	103,488	64,983	67,912	75,607	26.8	25.6	59.2	4.5	11.3	16.4
West Virginia	35,331	35,560	37,751	35,331	29,309	27,580	0.6	6.2	6.8	-17.0	-5.9	-21.9
Wisconsin	45,184	75,927	93,416	45,184	62,582	68,249	68.0	23.0	106.8	38.5	9.0	51.0
Wyoming	10,232	12,814	13,648	10,232	10,562	9,971	25.2	6.5	33.4	3.2	-5.6	-2.6

NA – Data not available for fiscal year.

a – FY 1981 data are not comparable with FY 1983 and FY 1985 data for Minnesota.

Table 6.13. State mental health agency (SMHA) revenues (in thousands) for mental health services from Federal programs, by State: United States, fiscal years 1981, 1983, and 1985

State	Expenditures in thousands						Percent change					
	Current dollars			Constant dollars			Current dollars			Constant dollars		
	FY 1981	FY 1983	FY 1985	FY 1981	FY 1983	FY 1985	1981–83	1983–85	1981–85	1981–83	1983–85	1981–85
Total, U.S.	$ 777,300	$1,187,375	$1,219,459	$ 777,300	$ 978,679	$ 890,922	52.8%	2.7%	56.9%	25.9%	-9.0%	14.6%
Alabama	6,250	9,018	12,256	6,250	7,433	8,954	44.3	35.9	96.1	18.9	20.5	43.2
Alaska	88	2,413	2,710	88	1,989	1,980	2632.3	12.3	2968.9	2152.0	-0.4	2142.1
Arizona	723	5,559	3,311	723	4,582	2,419	669.2	-40.4	358.1	534.0	-47.2	234.6
Arkansas	17,850	12,672	16,170	17,850	10,445	11,814	-29.0	27.6	-9.4	-41.5	13.1	-33.8
California	722	72,484	89,922	722	59,744	65,696	9944.3	24.1	12360.7	8178.9	10.0	9003.6
Colorado	12,882	13,300	17,049	12,882	10,962	12,456	3.2	28.2	32.3	-14.9	13.6	-3.3
Connecticut	1,450	2,464	3,645	1,450	2,031	2,663	70.0	48.0	151.4	40.1	31.2	83.7
Delaware	NA	264	444	NA	218	325	NA	68.3	NA	NA	49.2	NA
Dist. of Col.....	NA	1,219	1,662	NA	1,005	1,214	NA	36.3	NA	NA	20.8	NA
Florida	23,344	54,038	33,305	23,344	44,541	24,332	131.5	-38.4	42.7	90.8	-45.4	4.2
Georgia	21,971	13,888	17,249	21,971	11,447	12,602	-36.8	24.2	-21.5	-47.9	10.1	-42.6
Hawaii	2,917	1,075	1,977	2,917	886	1,444	-63.1	83.9	-32.2	-69.6	63.0	-50.5
Idaho	1,039	1,854	2,668	1,039	1,528	1,950	78.4	44.0	156.8	47.0	27.6	87.6
Illinois	18,100	30,357	27,882	18,100	25,022	20,370	67.7	-8.2	54.0	38.2	-18.6	12.5
Indiana	8,287	26,202	29,299	8,287	21,597	21,405	216.2	11.8	253.5	160.6	-0.9	158.3
Iowa	3,439	3,620	3,307	3,439	2,984	2,416	5.3	-8.6	-3.8	-13.2	-19.0	-29.7
Kansas	5,749	13,016	10,757	5,749	10,729	7,859	126.4	-17.4	87.1	86.6	-26.8	36.7
Kentucky	20,639	14,650	18,417	20,639	12,075	13,455	-29.0	25.7	-10.8	-41.5	11.4	-34.8
Louisiana	5,861	6,796	11,286	5,861	5,602	8,245	16.0	66.1	92.6	-4.4	47.2	40.7
Maine	559	2,817	2,813	559	2,321	2,055	403.9	-0.1	403.2	315.3	-11.5	267.6
Maryland	1,411	1,851	1,376	1,411	1,526	1,005	31.2	-25.6	-2.5	8.1	-34.1	-28.7
Massachusetts.....	449	11,754	24,643	449	9,688	18,004	2516.1	109.6	5384.7	2056.3	85.8	3907.0
Michigan	NA	5,394	38,181	NA	4,446	27,895	NA	607.8	NA	NA	527.4	NA
Minnesota	6,884	39,741	34,329	6,884	32,756	25,081	a	-13.6	a	a	-23.4	a
Mississippi	3,654	7,687	14,211	3,654	6,336	10,383	110.4	84.9	288.9	73.4	63.9	184.1
Missouri	3,043	6,359	7,351	3,043	5,241	5,370	109.0	15.6	141.6	72.2	2.5	76.5
Montana	1,727	2,870	2,708	1,727	2,366	1,979	66.2	-5.6	56.8	37.0	-16.4	14.6
Nebraska	3,805	5,520	3,216	3,805	4,550	2,350	45.1	-41.7	-15.5	19.6	-48.4	-38.2
Nevada	3,108	3,392	3,263	3,108	2,796	2,384	9.2	-3.8	5.0	-10.0	-14.8	-23.3
New Hampshire...	3,152	7,136	5,541	3,152	5,881	4,048	126.4	-22.4	75.8	86.6	-31.2	28.4

See footnotes at end of table.

Table 6.13. State mental health agency (SMHA) revenues (in thousands) for mental health services from Federal programs, by State: United States, fiscal years 1981, 1983, and 1985 (continued)

State	Expenditures in thousands						Percent change					
	Current dollars			Constant dollars			Current dollars			Constant dollars		
	FY 1981	FY 1983	FY 1985	FY 1981	FY 1983	FY 1985	1981–83	1983–85	1981–85	1981–83	1983–85	1981–85
New Jersey	$ 28,773	$ 39,815	$ 43,219	$ 28,773	$ 32,817	$ 31,575	38.4%	8.6%	50.2%	14.1%	-3.8%	9.7%
New Mexico	241	5,808	8,706	241	4,787	6,361	2312.4	49.9	3516.2	1888.4	32.9	2542.0
New York	304,620	387,320	296,364	304,620	319,243	216,520	27.2	-23.5	-2.7	4.8	-32.2	-28.9
North Carolina	17,852	22,164	30,092	17,852	18,268	21,985	24.2	35.8	68.6	2.3	20.4	23.2
North Dakota	321	3,114	3,137	321	2,567	2,292	869.9	0.8	877.1	699.4	-10.7	613.9
Ohio	44,964	65,425	65,523	44,964	53,926	47,870	45.5	0.2	45.7	19.9	-11.2	6.5
Oklahoma	10,225	16,857	23,678	10,225	13,895	17,299	64.9	40.5	131.6	35.9	24.5	69.2
Oregon	7,963	12,282	12,491	7,963	10,123	9,126	54.2	1.7	56.9	27.1	-9.8	14.6
Pennsylvania	100,526	133,089	149,147	100,526	109,697	108,965	32.4	12.1	48.4	9.1	-0.7	8.4
Puerto Rico	NA	2,960	2,836	NA	2,440	2,072	NA	-4.2	NA	NA	-15.1	NA
Rhode Island	1,428	3,215	3,524	1,428	2,650	2,574	125.1	9.6	146.7	85.5	-2.8	80.3
South Carolina	14,031	14,365	15,937	14,031	11,840	11,643	2.4	10.9	13.6	-15.6	-1.7	-17.0
South Dakota	3,538	4,286	4,806	3,538	3,532	3,511	21.1	12.1	35.8	-0.2	-0.6	-0.8
Tennessee	9,993	14,002	14,904	9,993	11,541	10,889	40.1	6.4	49.1	15.5	-5.6	9.0
Texas	1,173	10,143	8,647	1,173	8,360	6,318	764.8	-14.8	637.2	612.8	-24.4	438.6
Utah	2,086	4,927	5,203	2,086	4,061	3,802	136.2	5.6	149.4	94.6	-6.4	82.2
Vermont	7,688	9,308	9,117	7,688	7,672	6,661	21.1	-2.0	18.6	-0.2	-13.2	-13.4
Virgin Islands	NA	1,387	1,113	NA	1,143	813	NA	-19.7	NA	NA	-28.8	NA
Virginia	18,187	23,383	28,871	18,187	19,273	21,093	28.6	23.5	58.7	6.0	9.4	16.0
Washington	9,207	17,587	27,045	9,207	14,496	19,759	91.0	53.8	193.7	57.4	36.3	114.6
West Virginia	1,922	2,304	3,047	1,922	1,899	2,226	19.9	32.2	58.5	-1.2	17.2	15.8
Wisconsin	13,308	13,803	20,386	13,308	11,377	14,894	3.7	47.7	53.2	-14.5	30.9	11.9
Wyoming	149	420	718	149	346	524	182.1	71.0	382.3	132.5	51.5	252.3

NA Data not available for fiscal year.

a FY 1981 data are not comparable with FY 1983 and FY 1985 data for Minnesota.

Chapter 7

Medicaid and Ambulatory Mental Health Care: Utilization and Costs

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Overview

This chapter is based on data from the 1980 National Medical Care Utilization and Expenditure Survey (NMCUES), which was cosponsored by the National Center for Health Statistics and the Health Care Financing Administration. Health care utilization and cost data for the U.S. noninstitutionalized population were collected, with special emphasis on the Medicaid population in four selected States—California, Michigan, New York, and Texas. This study provides estimates for ambulatory mental health care utilization and costs based on the four-State Medicaid sample. Some of the summary statistics are compared with estimates for the total U.S. non-Medicaid population.

Following are some findings of this study:

- Medicaid programs varied considerably among the States, and it appeared that States with more liberal eligibility and coverage policies had higher mental health utilization rates.
- No significant differences in utilization rates by sex or race were found in the four States.
- Mental health services were used heavily by relatively few individuals, and these few high users were the major cost-generating group. Less than 10 percent of the users generated more than one-third of the total treatment costs.
- About 26 percent of the four-State Medicaid population and 19 percent of the total U.S. non-Medicaid population were treated in organized outpatient settings. Medicaid patients had three times as many visits annually to organized settings than non-Medicaid patients (14.5 vs. 4.1 visits).
- Cost of care tended to be higher for persons seen in organized settings than for those seen by office-based physicians. Medicaid and non-Medicaid users of non-specialty providers spent much less for their mental health care annually than patients who used other types of settings.
- In the four States studied, Medicaid paid about 60 percent of the mental health visit costs for its recipients; the proportion of out-of-pocket costs for Medicaid patients was 15 percent.

Introduction

The National Medical Care Utilization and Expenditure Survey contains data on the utilization of and expenditures for health care for the U.S. population, with special emphasis on the experiences of Medicaid beneficiaries. Data, including amount charged and source of payment, were collected for every ambulatory encounter and inpatient stay reported by survey participants in 1980. NMCUES included the following components:

1. A randomly selected national household survey (HHS), based on a probability sample of the noninstitutionalized U.S. population
2. A four-State (California, Michigan, New York, and Texas) Medicaid household survey (SMHS), based on a random sample of Medicaid recipients in the civilian noninstitutionalized population
3. A combination of survey data and administrative records to provide new estimates on utilization and costs for Medicare beneficiaries and Medicaid enrollees (Best Estimate Files)

This chapter specifically examines different

aspects of mental health services use and costs by the Medicaid population by using the Medicaid Best Estimate component of NMCUES. It also compares these measures with the non-Medicaid population of the national household survey (HHS) component of NMCUES.

The specific analytical objectives of this chapter are as follows:

- To analyze eligibility policies, benefit coverage characteristics, and provider reimbursement methods of the Medicaid programs in the four States involved and the projected impact of interstate Medicaid program variations on mental health care use and costs.
- To estimate charges for and use of outpatient mental health services in the four States and to analyze patterns of use and charge distribution by sociodemographic characteristics of Medicaid enrollees.
- To present and interpret summary ambulatory mental health statistics (volume, probability, and level of use) of Medicaid and non-Medicaid populations.
- To compare the intensity of ambulatory mental health services use by the Medicaid and non-Medicaid populations, including the percentage of persons in different use levels and the source of payment for each level.
- To compare the use and cost of organized care versus office-based ambulatory mental health care in the Medicaid and non-Medicaid populations.

Mental Health Coverage in California, Michigan, New York, and Texas, 1980

Medicaid is a major component of the current welfare system, and the States have a diversity of approaches in determining who should be treated under the Medicaid program, what kind of services should be provided, and how the providers should be reimbursed (LaJolla 1983). Three major aspects of the Medicaid program—eligibility criteria, mental health benefit coverage, and provider reimbursement method—were found to have major impacts on the utilization and expenditure patterns of the Medicaid population. It is essential, therefore, to describe these characteristics for the four States under study here.

Eligibility Criteria

The Medicaid eligibility provisions are among the most complex of all assistance programs. At a minimum, States must cover persons who receive cash payments from either the Aid to Families With Dependent Children (AFDC) program or the Supplemental Security Income (SSI) program for the blind and disabled and the aged. States have the option of extending medical coverage to two specified groups—"the optionally categorically needy" and the "medically needy." The number and proportion of Medicaid recipients differ widely by State, as well as by basis of eligibility (table 7.1).

Studies analyzing Medicaid use show great differences in cost and utilization by eligibility groups. AFDC enrollees generally use the least medical care. Since Michigan had the highest percentage of this group (table 7.1), the overall utilization rate for this State may be affected. The medically needy enrollees are relatively moderate users of ambulatory care; therefore, the lack of such a program in Texas would not have a considerable effect on the utilization levels in Texas compared to the other three States.

Differences in Medicaid eligibility criteria might have additional impact on costs and utilization. A study by Mitchell (1983) found that in States that adopted the medically indigent option, significantly more private office-based physicians participated in the Medicaid program than in States that did not cover the medically needy. Therefore, in States with more liberal eligibility policies, the poor might be expected to have greater access to office-based primary care physicians and specialists and to rely less on institutional sources of care.

Differences in the distribution by eligibility category for each State are reflected in the age and sex distribution of the recipients. In Texas, where the proportions of the aged and disabled are high, more recipients are in the 65 and over age group. The sex distribution of recipients is similar in all four States (table 7.1).

Dobson et al. (1983) discussed the great variation in service mixes and use levels among the four States. Preliminary analyses indicated that the differences in the mix of enrollees' eligibility groups accounted for much of the observed differences in overall utilization rates among all four States. Adjusting for enrollee sociodemographic characteristics did not account for much of the remaining difference in utilization within the eligibility groups across the four States.

Mental Health Benefit Coverage

There are mandatory (federally mandated) and optional (State-legislated) mental health benefits for both the categorically needy and the medically needy groups. In 1980, Texas had no program for the medically needy, and only the categorically needy were covered for all medical services. In California, Michigan, and New York, however, program coverage was the same for both the medically needy and the categorically needy; therefore, this analysis focuses on the mandatory and optional services (and their limitations) covered for the categorically needy in the four States.

Mandatory services. Federal regulations pertaining to Medicaid mandated that certain basic services be offered to all categorically needy persons. Among the several mandatory services, outpatient hospital and physician services are relevant to this study. Federal regulations required that the State specify the amount and/or duration of each item of medical care and service to be provided. Though limits could not be imposed on the basis of diagnosis, type of illness, or condition, mental illness seemed to be an exception. Often, coverage for mental illness was handled separately.

Outpatient hospital services included coverage for preventive, diagnostic, therapeutic, rehabilitative, or palliative services provided to a patient. In California, preauthorization was required for more than eight mental health visits within a 120-day period. In Michigan, 10 visits per year were allowed if service was provided by a psychiatrist; 5 if service was provided by a general physician. Visits to psychologists and social workers were not covered. Michigan and New York had no limitations on hospital outpatient psychiatric services.

Outpatient physician services were regulated in the same way as outpatient hospital services in California and Michigan. In New York State, the maximum number of visits was 15 per 180 days (2.5 visits per month), regardless of whether care was provided by a psychiatrist or by an independent, practicing psychologist. For more intensive care, authorization was required. In Texas, Medicaid paid 62.5 percent of the reasonable charge or a maximum of $312.50 in the calendar year (1980). If more money was needed, preauthorization was required.

Optional services. Among the optional services covered under Medicaid in 1980, services at clinics and services by different types of mental health professionals are relevant to this study. Texas did not cover clinic services, California had some limits, and New York had unlimited coverage. Michigan had no limits on community mental health center visits, but the limits on other clinic visits were the same as for physician visits.

New York offered unlimited coverage for psychologists' services. Texas paid for these services only if the provider submitted the bill through an institution. California allowed two visits to psychologists per month; Michigan did not cover psychologists' services.

Quantity limits and prior authorization requirements had a direct restrictive impact on physician participation in the Medicaid program. Since all States had some kind of limit or authorization requirement, great differences could not be expected among the States in physician participation related to service coverage. However, limitations on psychiatric care might have had a greater negative impact on psychiatrist/psychologist participation than on other physician participation. Therefore, a greater proportion of the Medicaid population than the non-Medicaid population was expected to seek mental health care in the nonspecialty provider sector because fewer mental health professionals participated in the Medicaid program.

Provider Reimbursement Methods

The third major aspect of the Medicaid program affecting use and cost of services is the variety of provider reimbursement methods. For hospital outpatient services, States in 1980 were required to use the Medicare method of payment. However, Medicaid reimbursement may not exceed the amounts paid under Medicare. The same rule applies to physician services. The primary concern with physician fee schedules (Medicaid fee schedule in comparison with other insurers' fee schedules) is their impact on physician participation in the Medicaid program. Medicare has a conservative approach to reimbursing physicians for ambulatory mental health care and in many States, Medicaid rates are often lower than the Medicare rates. More than 25 percent of private practice physicians refuse to treat Medicaid patients, and the rate of nonparticipation among specialists is even higher. The participation rate of psychiatrists in the Medicaid program is among the lowest of the different specialties (8 percent nationwide).

Differences in reimbursement levels will have an impact on unit costs. Regional cost-of-living differences will also influence interstate differences in unit costs. Although States can impose certain copayments on services used by Medicaid recipients, the four States studied had no copayments for mental health services in 1980.

Summary

In summary, in 1980 considerable interstate variation occurred in the Medicaid programs, but within a given State, no major changes occurred in the Medicaid program during the year.

Following are the most important hypotheses derived from the study of the Medicaid program characteristics:

- States with more liberal eligibility and coverage policies will have higher mental health utilization rates
- Utilization patterns by age, sex, and other socioeconomic characteristics will not vary among the States unless they are highly correlated with eligibility status
- States that reimburse for psychologists' services will have a more equal distribution of services among providers/settings; and
- Comparisons across the four States will reveal differences between restrictive and nonrestrictive Medicaid programs.

Data Source: National Medical Care Utilization and Expenditure Survey

Survey Background

Based on the national household sample, the four-State Medicaid household sample, and the Medicare and Medicaid Best Estimate Files, NMCUES was planned to reflect the health care experience of the civilian noninstitutionalized U.S. population during 1980.

The HHS was a national probability sample of 6,000 households of the civilian, noninstitutionalized population. Five interviews were conducted with the respondents. A core questionnaire was used in each interview. This document contained questions concerning medical care utilization, expenditures, sources of payment, health insurance coverage, and demographic and economic status.

The SMHS consisted of four separate surveys conducted in California, Michigan, New York, and Texas. A stratified sample of 1,000 households was drawn from each State's Medicaid eligibility file. The SMHS administered the same questionnaire the same number of times, using identical data collection and processing steps as the HHS.

The Medicare and Medicaid best estimate data base merged administrative records data with the survey data (HHS and SMHS) to produce a composite picture of service use and expenditure patterns for Medicare beneficiaries and Medicaid enrollees.

The Medicaid best estimation method used charge data from the survey files and the Medicaid claim files. For visits with a Medicaid claim record, charges, source of payment, and amount paid by Medicaid were obtained from the claims data. Best estimates of charges, sources of payment, and amounts paid also were computed for survey events with no matching claims data. A weighted, sequential "hot-deck" procedure (Whitmore 1983) was used to impute missing values of total charge. A best estimate charge was imputed for unmatched survey records, even if the event was not covered by Medicaid, if (1) the service was not part of the benefit package and/or (2) the recipient was not eligible for Medicaid at the time of the event. Therefore, the best estimate visits included both Medicaid- and non-Medicaid-covered events.

If a person had both unmatched survey visits and unmatched claims, it was handled as a duplication. The survey visit was then qualified as a "non-best-estimate event" to avoid overestimation of utilization. In sum, the Best Estimate File included best- and non-best-estimate events, and the best-estimate events had two subgroups—visits that were covered by Medicaid and those that were not.

This analysis used the *best estimate* visits and charges for generating utilization rates and summary statistics on costs for the Medicaid population.

Definition of Mental Health Visit

A mental health visit was (1) any visit with a mental health condition given as a reason for visit regardless of the provider type or setting and (2) any visit to a psychiatrist, psychologist, or a psychiatric clinic whether or not a mental disorder was given as reason for the visit (Taube et al. 1984). According to Wells et al. (1982) this is a conservative definition of a mental condition. Adding the use of psychotropic drugs makes it a middle definition, and the presence of a mental health symptom as a reason for a visit generates the most liberal definition. The NMCUES data file did not allow use of Wells' middle or liberal definitions.

Of the estimated 6.3 million mental health visits in the four States, 80.9 percent had reported mental health conditions as a reason for visit. The remaining 19.1 percent occurred in psychiatric settings, but had no reported mental health condition. Of total mental health visits, 65 percent occurred in the office of a mental health provider and 35 percent in a nonpsychiatric setting. This underlines the importance of the general medical sector in providing mental health care. The 35-percent share of the general medical sector is about 5 percentage points higher than Taube et al.'s (1984) estimate for the total U.S. population based on NMCUES, and only slightly higher than the national estimates by Horgan (1985) based on 1977 National Medical Care Expenditures Survey (NMCES) data.

Limitations of Data

Studies using survey data emphasize the problem of underreporting of mental conditions. However, studies using claims as their source of information also have a problem with underreporting. In the Best Estimate File, claims data were given priority over survey data whenever possible.

The matching rate between survey-reported mental health visits and claims was about 63 percent, which is higher than the average (50 percent). Delay in filing or processing the claims was one of the possible explanations for the discrepancy. Another reason may be the block grant system, which was intended to cover services provided to beneficiaries but was not linked to specific services for specific beneficiaries. In addition, visits to Health Maintenance Organizations (HMOs) have no claims data that can be matched to specific medical events (Whitmore 1983).

From the provider's side, 22.5 percent of the visits to psychiatrists and 17.7 percent of the visits to psychologists had claims data. Both ratios were much lower than the 50-percent average, although they were not the lowest among the providers. Another reason besides those noted above for the low matching rate between visits and claims may be that mental health providers sometimes are reluctant to indicate their specialty on the claims

(Wells et al. 1982). Protecting the patient's privacy and helping the patient get coverage for a mental health visit may be among the providers' motives. It is notable that the ratio of unindicated provider specialty was very high for Medicaid claims in general.

Another limitation of the NMCUES Medicaid data files is that data are available for only four States. They cannot, therefore, provide a national estimate. Unfortunately, detailed analyses of mental health data on the State level was not possible because of the small sample size. Consequently, data are analyzed for the four States together, with the average a mixture of restrictive and nonrestrictive programs.

Statistical Methods

Data in this chapter are based on a sample of the Medicaid enrollees in four States; therefore, they are subject to sampling errors. The absolute standard error was computed through the use of SESUDAAN (Shah 1981) and is presented for each estimate in all chapter 7 tables. Estimates with relative standard errors in excess of 30 percent, or based on a sample cell size smaller than 35, are not considered to be reliable; therefore, they are not presented in the tables. Formal tests of significance were performed to test hypotheses concerning the relationships between analysis variables on utilization and charges. The t-test (0.05 level of significance) was used for all comparisons that are discussed.

The basic person weight was used to estimate events and charges.

Findings

The analysis of the utilization and costs for ambulatory mental health care consists of four major parts:

- analysis of patterns of use and cost by sociodemographic characteristics, program eligibility, and health status of Medicaid enrollees;
- comparison of such use patterns with the non-Medicaid population;
- analysis of the intensity of use; and
- analysis of the comparative use of organized care versus office-based care in the Medicaid and non-Medicaid populations.

Use and Cost of Mental Health Services by Selected Population Characteristics

Variables used in the analysis are demographic (age, sex, race, State of residence), Medicaid program-related (eligibility category), and health status-related (self-perceived health status and functional limitation). Visits per capita; average visits per user; and costs per visit, per capita, and per user are the indices used to summarize differences.

Visits per capita. At least one ambulatory mental health visit was reported by 5.9 percent of the Medicaid population in the four States studied in 1980. The average number of visits per 1,000 Medicaid enrollees was 583 (table 7.2).

Medicaid enrollees in New York State had significantly higher mental health care utilization rates than in the three other States, and in Texas the ratio of use was significantly lower than in the three other States. Besides regional differences, the utilization ratios differed by interstate Medicaid program variations.

The 22–64 age group used significantly more and the 65 and over age group used significantly fewer mental health services than the other age groups. There were no significant differences in the utilization rates by sex and race. Enrollees in poor health used more services than those in good health. Those with the most severe functional limitations used more services than those with no limitations at all. By eligibility status, enrollees in the SSI blind and disabled and the State-only categories were higher users than the AFDC group.

Average visits per user. The average number of visits per Medicaid user in the four States was 9.94 in 1980. The mean number of visits per user varied substantially among the States. Visits per user were much higher in New York than in any other State, and much lower in Texas (table 7.2).

One possible explanation for the interstate variations was related to differences in program characteristics. The demographic composition of the Medicaid population also differed by State. In Texas, the proportion of elderly was relatively higher, and this group made fewer visits than the other age groups. The high proportion of elderly was related to the fact that Texas excluded the State-only eligibility category, which usually includes middle-aged people. This exclusion also meant that a high mental health user group was excluded.

The mean number of visits per user did not vary significantly according to sex and race. Age, however, affected utilization, with the 22–64 age group having a higher utilization level than any other group (table 7.2).

There was an association between the general health status of the individual and mental health services use. Those who reported poor health had significantly higher utilization levels than those who reported fair health; but surprisingly, there was no significant difference between the fair and good health categories. No linear relationship existed between general health status and mental health. Enrollees in worse health condition did not seek psychiatric help more frequently than those in

a better health condition. The lack of significance between the good- and fair-health categories also suggested that the relationship between health status and mental health care was not a U-shaped pattern. The self-reported functional limitation categories did not show significant differences for mental health visits per user (table 7.2).

Dobson et al. (1983) indicated that enrollee eligibility group status was important in explaining differences in utilization. The findings here by eligibility category are consistent with the analysis by individual attributes—higher rates for the SSI blind and disabled and State-only categories and lower rates for the SSI aged and AFDC categories. The SSI aged group had the lowest ambulatory utilization level, and the AFDC category made fewer visits than the average.

Cost per visit. In this analysis, the unit cost was measured by charges. Physician reimbursement level is not necessarily equal to charges, especially for Medicaid, where physician fee schedules are rather stringent. The fee schedule might have had an impact on charges submitted to Medicaid for reimbursement, but this issue is very difficult to quantify. Therefore, differences in physician service reimbursement levels are assumed to have direct impact on unit charges. Reimbursement levels have an indirect impact on total charges, however, through substitution effects. Lower reimbursement rates can reduce physician participation and therefore increase the probability that the patient will shift to other (more expensive) sites of ambulatory care (Long et al. 1983). The unit cost is influenced by several other factors, for example, geographic location, provider type, diagnosis or procedure, and individual attributes.

The unit cost differed by geographic location and was significantly higher in California than in the other States (table 7.3). Part of the variation may be due to regional cost-of-living differences and Medicaid program characteristics.

Variations in procedure mix (more expensive individual therapy versus less expensive group therapy, or shorter drug therapy visits versus longer psychotherapy visits) also have an impact on unit cost. Reimbursement policies in all four States are neutral regarding the use of certain types of procedures/visits. Differences in population eligibility would be more powerful in explaining interstate variations in unit cost figures than reimbursement policy differences.

The unit cost varied by Medicaid eligibility status, and the otherwise high-user SSI blind and disabled category had significantly more expensive visits than the low-user AFDC category, whereas no significant differences were found in the comparisons by age, sex, and race.

The unit cost by health status behaved rather unexpectedly in 1980, with insignificant differences among the categories. The relationship between functional limitations and unit costs had some inconsistencies, with a significantly higher unit cost for the limited-in-usual-activity category. There were no significant differences among the other groups.

Cost per capita. The estimated amount of mental health cost per Medicaid enrollee was $18.59, with significant differences among the four States. The cost per capita was significantly higher in New York and significantly lower in Texas than in the other States. The 22-64 age group had significantly higher costs per capita than the other age groups, but there were no significant differences in costs per capita by sex and race (table 7.4). The worse the health status, the higher the mental health costs per capita. Significant differences were found among all four categories of health status. Both those who could not perform their usual activities and those who were limited in their activity had significantly higher costs per capita than those who were not limited in their activities. The SSI blind and disabled and the State-only eligibility categories had significantly higher costs per capita than the AFDC group.

Cost per user. The average annual ambulatory mental health cost in 1980 was $316.71 for a Medicaid user (table 7.4). This annual expense was about 25 percent more than the national average estimated from NMCUES (Taube et al. 1984). The average cost per user was significantly lower in Texas than in the other States. The 22-64 age group spent significantly more on mental health care than the 17-21 age group. No significant differences occurred in annual costs between males and females or by race. This finding was consistent with previous findings, which indicated that the average visit per user and average cost per visit were not significantly different by sex or race. Medicaid recipients with poor health status had significantly higher total costs than those with good health status. No significant difference occurred, however, between the poor and excellent health status categories. Persons who could not perform their usual activities had significantly higher mental health care costs than those with unlimited activity. By eligibility group, the SSI blind and disabled and the State-only categories had significantly higher annual costs than the SSI aged and AFDC categories.

Mental Health Status of Medicaid and Non-Medicaid Populations

Ideally, Medicaid and non-Medicaid populations should be compared within each study State. Unfortunately, detailed data on the non-Medicaid population for the four States were not available. National data were available for both groups, but the Medicaid mental health sample size in the national survey did not allow detailed analysis with the four-State sample. Since the average utilization data of these four States represented the average of restrictive and nonrestrictive Medicaid programs in four different regions, comparison

with the total U.S. non-Medicaid population was possible within certain limits.

Comparisons of ambulatory mental health care use by the four-States' Medicaid population and the total U.S. non-Medicaid population are presented in table 7.5. All three summary utilization statistics were significantly higher for the four-States' Medicaid population than for the total U.S. non-Medicaid population in 1980. Persons on Medicaid in the four States were more likely to seek mental health care and averaged more visits than the average American who was not on Medicaid. As a multiplicative outcome of these factors, the average number of visits per thousand population was much higher for the four-States' Medicaid population than for the total U.S. non-Medicaid population.

It must be noted that California and New York, with high concentrations of Medicaid enrollees, are not only the two largest States but also more liberal with mental health coverage. The inclusion of these two States in the four-State Medicaid household sample is reflected in the relatively high summary Medicaid statistics presented in table 7.5.

Intensity of Use of Ambulatory Mental Health Services

It is well known that health care utilization is not randomly distributed across the population; rather, services are heavily used by relatively few individuals. Mental health care use itself is a good example of this uneven distribution—about 94 percent of the four-States' Medicaid enrollees and 96 percent of the total U.S. non-Medicaid population used no ambulatory mental health services in 1980.

The analysis of ambulatory mental health care is important because (1) ambulatory care has a central role in treating mental illness and (2) within the overall ambulatory care system, mental health diagnosis has a distinguished place. According to data based on the 1978 National Ambulatory Medical Care Survey (NAMCS), 3.1 percent of the more than half a billion visits to office-based physicians in 1978 were by persons diagnosed with depression/anxiety. This indicates that depression was the fifth most frequent ambulatory diagnosis in American medical practice in the late 1970s (Rosenblatt et al. 1983).

There is no well-established criterion for labeling high or low users according to their number of visits. Categorizing by user level is difficult since

> psychiatrists and other mental health professionals have had little success in developing standards of care of different patients with different diagnoses, particularly with regard to how much care individuals with certain kinds of problems might require. (Beigel and Sharfstein 1984, p. 671)

A possible categorization, which reflects reimbursement restrictions, defines low use as 1-9 visits, moderate use as 10-24 visits, and high use as more than 25 visits a year. Using this categorization, in 1980, about 2 percent of the users were very high users, with more than 52 visits a year. The high and the very high user categories were combined since the sample size did not allow a disaggregated analysis.

Distribution by user categories. Table 7.6 shows the distribution of mental health care use by the Medicaid and non-Medicaid populations. The proportion of moderate users (10-24 visits) was significantly higher in the Medicaid than in non-Medicaid population. No significant difference was found in comparing the proportions of low and high users in the two populations. The significantly higher proportion of moderate users in the Medicaid group might be related to the liberal coverage policies in New York and California and also to the fact that the relative weight of these two States in the sample was high.

Cost distribution. Approximately one-third of the total mental care costs belonged to each user-level category in the Medicaid population for the four examined States. The cost distribution was more uneven for the non-Medicaid population, where almost half the total cost was generated by the high users. There were no significant differences in the cost distributions by level of use between the Medicaid and non-Medicaid populations, however. In both the Medicaid and non-Medicaid groups, the high users were the most serious cost generators—less than 10 percent of the users generated more than one third of the total treatment costs.

Cost per visit by level of use. The cost as a function of volume of services is examined for both populations in table 7.6. According to economic theory, there should be a negative relationship between quantity and price, so that one would expect a lower unit cost for the high users. There were no significant differences in cost per visit among the three non-Medicaid user categories. The differences were in the expected direction, but they were negligible. For the Medicaid population, the changes in the level of charges as a function of the volume of services was more clearly consistent with economic theory—the high user was charged significantly less for one visit than the low or moderate user. The moderate user, however, was not charged significantly less than a low user for a visit.

The Medicaid versus non-Medicaid comparison indicated that the unit cost was significantly higher for the Medicaid population. This difference was primarily due to the significantly higher charges for the low user in the Medicaid population, since in the other user-level categories there was no significant difference between the two populations. It should be noted that the NMCUES files did not provide information on the length of

visits. Therefore, the averages include a mix of visits of varying length. Fees, however, varied substantially by the length of the visit. According to a 1978 survey, the usual fee for a 50-minute therapy session was $52; for a 30-minute therapy session, $32 (Mitchell 1982). The same survey also found that visit lengths were significantly shorter for psychiatrists who had a large Medicaid practice than for psychiatrists who had only a small Medicaid practice (44 minutes compared to 54 minutes).

In addition, differences in cost per visit for the low users in both populations may be due to differences in site mix—the low user Medicaid population was more likely to use the more expensive organized settings (e.g., hospital outpatient departments) than the non-Medicaid low user.

Cost per user by level of use. As was expected from the cost per visit comparisons, the two populations differed significantly in the cost per user statistic only for the low users. The moderate and high users did not spend significantly more or less (table 7.6).

Payment source by level of use. Table 7.7 presents the source of payment by the level of use as measured by the total number of visits in a year. The small number of reliable statistical estimates limits the extent of the analysis. Care should be used in interpreting these data since more than 20 percent of the payment sources for the total costs were missing from the Best Estimate File.

Overall, as expected, sharp differences occurred in the payment sources between the Medicaid and non-Medicaid populations. The primary source of payment for the four-States' Medicaid population was the Government, with 56 percent of the costs paid by Medicaid and 5 percent by other government programs. In the non-Medicaid population, government (other than Medicaid) paid 11 percent of the costs. Costs reimbursed by private insurance for the Medicaid users could not be estimated; however, private insurance paid 23 percent of the costs for the non-Medicaid users. The 15 percent of costs paid out-of-pocket by the Medicaid population is relatively high. The 60 percent of costs paid out-of-pocket by the non-Medicaid population for psychiatric care is considered extremely high when compared with the 32.4 percent out-of-pocket costs for individual health care in 1980 (Weichert 1981).

Because of missing information, the differences in payment source by level of use were analyzed only for the non-Medicaid population. A significantly higher proportion of costs (20 percent) were paid by government sources (other than Medicaid) for the moderate than for the low users (8 percent). At the same time, a significantly higher proportion of the costs (62 percent) were paid out-of-pocket by the low users than by the moderate users (49 percent). This kind of payment structure was probably due to the deductible arrangements in private insurance coverage.

It is noteworthy that a similar distribution of payers was found in the analysis based on the 1977 NMCES (Horgan 1985). According to this source, roughly 50 percent of the ambulatory mental health expenditures were paid out-of-pocket in both the specialty and the general medical sector. About 20 percent of the expenditures were paid by private insurance and about 30 percent by public sources (Medicaid, Medicare, and other public funds).

Comparisons of Organized Care and Office-Based Ambulatory Mental Health Care

It is common knowledge that ambulatory care is more expensive in organized settings (especially in hospital outpatient departments and emergency rooms) than in the offices of private practice physicians (Flemming and Jones 1983; Altman and Socholitzky 1981; Gold 1979). Therefore, it is important to analyze the characteristics of the user population in the different settings and to assess differences and similarities between the Medicaid and non-Medicaid groups.

In this analysis, the primary setting was coded as either an office-based or organized setting. Within the office-based setting, specialty and nonspecialty ambulatory mental health services were differentiated. The specialty provider office-based setting included psychiatrists and psychologists. Since it was not possible to group psychiatric social workers and mental health counselors with the specialty provider setting, they were classified as office-based nonspecialty providers. Their proportion was rather low; therefore, their classification did not make a significant difference in the distribution of cases by provider type. In the specialty office-based provider setting, visits were defined according to provider type regardless of the presence of a reported mental condition.

Ambulatory mental health visits in the nonspecialty office-based provider setting included visits to physicians (excluding psychiatrists) and nonphysician providers (excluding psychologists) if a mental health condition was reported as a reason for the visit.

The analysis was conducted on the person level. Persons were classified into the provider setting that accounted for most of their visits.

In the four-States' Medicaid population, differences in the average number of visits per user for office-based settings were not statistically significant. Patients who were treated primarily by specialty providers averaged 9.0 visits; those treated by nonspecialty providers, 7.5 visits. Patients treated in organized settings averaged 14.5 visits, significantly more than those treated in the nonspecialty provider setting (table 7.8).

For Medicaid patients in 1980, the unit cost was significantly higher in organized settings ($49.27) than for office-based nonspecialty providers ($28.86), but not significantly higher than for office-based specialty providers ($40.75). Medicaid users of nonspecialty providers spent $158.06,

which was significantly less than users of the two other provider settings (specialty, $338.86; organized, $434.04).

Data show that patients who were treated by specialty providers had, on the average, significantly more visits than patients who were treated in the two other settings. Visits per non-Medicaid user averaged 11.1 for patients treated primarily by a specialty provider and 4.6 and 4.1, respectively, for those treated primarily by a nonspecialty provider or in an organized care setting. For non-Medicaid patients, the unit cost was significantly higher in the organized settings ($63.21) than for the two office-based settings.

Comparisons between the Medicaid and non-Medicaid populations showed a statistically significant difference in the level of use only in organized care settings, where Medicaid users had three times as many visits annually.

The unit cost charged for Medicaid ($40.75) and non-Medicaid ($32.55) users of specialty providers differed signicantly. Only further research that controls for patient and treatment characteristics and regional price index differences can determine if price discrimination exists.

Medicaid users of organized care spent significantly more annually for their mental health care than their non-Medicaid counterparts ($434.04 compared to $192.71). For the two other providers, no significant differences appeared between Medicaid and non-Medicaid users.

Summary

The Medicaid ambulatory mental health utilization data indicated that sex and race did not significantly affect utilization. Functional limitation was associated with mental health problems. Further aggregation of the functional limitation scale categories and the perceived health status variables would probably lead to findings that are more consistent with the hypothesis that—ceteris paribus—the extent to which a person uses medical services, as well as the total cost of those services, are directly related to a person's health status.

Differences in eligibility mix were reflected in the State figures; however, other types of Medicaid program characteristics and regional variations also influenced these statistics. In any case, the findings of this analysis support the hypothesis that States with more liberal eligibility and coverage policies would have higher mental health utilization rates.

Summary utilization statistics, level of use, and provider setting in both the four-States' Medicaid and the total U.S. non-Medicaid populations were compared. In these analyses, Bonham's (1983) advice was followed, comparing the data from the four States with the national average to get a better understanding of the Medicaid program but not to make projections for the Nation.

All three summary statistics (probability, level, and volume of use) were significantly higher for the four-States' Medicaid population than for the total U.S. non-Medicaid population. These comparisons were based on raw, unadjusted averages. Further analysis is needed to examine the factors influencing the demand for mental health services by Medicaid recipients and non-Medicaid persons.

In analyzing the intensity of use, categories of use level were applied that reflected Medicaid reimbursement policies. The proportion of moderate users was significantly higher in the Medicaid than in the non-Medicaid population. The unit charge in the Medicaid population was a function of the volume of services, and the high user was charged significantly less for one visit than the low or moderate user. This relationship between price and volume, however, could not be established in the non-Medicaid population.

By definition, the cost per user by level of use displayed substantial differences—high users spent 10 times more for mental health care than low users. An uneven distribution of users and costs among the user-level categories also was detected. In both the Medicaid and non-Medicaid groups, the relatively few higher users were the major cost-generating group, especially in the non-Medicaid population. Because of statistical limitations, the differences in payment source pattern as a function of the level of use could be analyzed only for the non-Medicaid population. Significant differences were found in the distribution of expenses by payment source between the low and moderate users.

The analysis of payment sources produced some striking findings. Medicaid paid only 60 percent of the total ambulatory costs for its recipients. The out-of-pocket portion was 15 percent for the Medicaid users, compared to the national average of 32 percent for all types of medical care. In the non-Medicaid population, however, more than 50 percent of the total ambulatory care costs were paid out-of-pocket. The participation level of private insurance in reimbursing ambulatory mental health care was low (23 percent). These data may indicate that insurers discriminate against mental health care in their reimbursement policies.

In future research, more attention should focus on the very low user (one visit only). Low users accounted for a relatively small proportion of the total costs, but they comprised 30 to 40 percent of the total users. It would be important to know if any aspect of the current mental health reimbursement policy (for example, coinsurance, high fee level, coverage limitations) prevented these users from entering more intensive care.

About 26 percent of the Medicaid population and 19 percent of the non-Medicaid population were treated in organized care. Besides accessibility, the greater use of organized settings by Medicaid patients can be partly attributed to Medicaid coverage policy, which is less restrictive in the level of use in these settings than with other providers.

The research literature indicates that people

whose regular sources of care are in hospital outpatient departments and emergency rooms tended to have fewer visits than people whose regular source of care was office-based physicians (Dutton 1979). In addition, people who did not have regular sources of care tended to have fewer physician visits than those who had regular sources of care (see, for example, Gortmaker 1981). These findings for mental health patients, both for the Medicaid and non-Medicaid populations, did not confirm the earlier research, which was not particularly focused on mental health.

Findings in this chapter confirmed that the cost of care in organized settings tends to be higher than for private practice office-based physicians. More specifically, the unit cost was significantly higher in organized care settings than in office-based nonspecialty settings for the Medicaid population. For the non-Medicaid population, charges in organized settings were significantly higher than in the two other settings.

For both population groups, the unit cost was significantly lower in the office-based nonspecialty setting than in the two other settings. Comparing the unit cost by provider type for the Medicaid and non-Medicaid populations, significant differences were detected for specialty providers. It was not a goal of this study to analyze whether the higher cost in organized care reflected real extra cost of care or whether it was due to artificial effects—as widely discussed in the literature. It is noteworthy, however, that the lowest cost level for the nonspecialty provider for both the Medicaid and non-Medicaid populations was probably related to differences in case mix of the population by diagnosis and, therefore, procedure mix.

Cost-per-user statistics are primarily determined by use level and unit costs. Medicaid users of nonspecialty settings spent significantly less for their mental health care annually than patients who used other types of settings. Non-Medicaid users spent less if they visited nonspecialty providers than specialty providers. Non-Medicaid users who visited specialty providers spent significantly more than patients who visited other provider settings. The comparison of the two populations indicated that the Medicaid users of organized care spent significantly more annually for their mental health care than the non-Medicaid users. The importance of organized care in treating the mentally ill Medicaid patient must be emphasized again. Although there was no significant difference in the unit cost charged, the annual total cost for Medicaid patients was 125 percent higher than the annual cost for non-Medicaid patients in organized care, because the use level of Medicaid patients was three times higher than the use level of non-Medicaid patients.

In summary, the Medicaid Best Estimate File of the 1980 National Medical Care Utilization and Expenditure Survey provided useful information on the patterns of ambulatory mental health care use and costs for Medicaid recipients. The descriptive statistics presented in this chapter indicate that further research is needed to better understand the mental health needs of the Medicaid population.

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Table 7.1. Number (in thousands) and percent of Medicaid recipients, by selected characteristics: California, Michigan, New York, and Texas, 1979

Characteristics	California	Michigan	New York	Texas
		Number		
Medicaid recipients (in 000s)	3,373.7	897.7	2,364.0	681.5
		Percent		
Percent of State population	14.3%	9.7%	13.5%	4.8%
		Percent distribution		
Eligibility				
Supplemental Security Income				
Blind	0.5%	0.2%	0.2%	0.6%
Disabled	14.8	11.8	10.5	14.9
Aged (65 and over)	15.6	10.1	13.7	35.6
Aid to Families of Dependent Children	62.8	76.9	65.5	48.9
State only	6.3	1.0	10.1	0.0
Age				
0–20	45.6	54.5	NA	38.6
21–64	34.7	34.5	NA	24.9
65 and over	19.7	11.0	NA	36.5
Sex				
Male	31.9	36.4	NA	34.3
Female	68.1	63.6	NA	65.7

Source: Health Care Financing Administration. *Medicare and Medicaid Data Book, 1981.*

N.A. Data not available.

Table 7.2. Mean number of visits per 1,000 Medicaid enrollees and mental health service users, by selected characteristics: California, Michigan, New York, and Texas, 1980

Characteristics	Visits per 1,000 Medicaid enrollees		Visits per user	
	Mean	Standard error	Mean	Standard error
Four-States' total	583	58	9	0.96
State of residence				
California	407	60	7.4	0.96
Michigan	383	75	7.5	1.10
New York	1,111	167	14.6	2.16
Texas	176	31	4.5	0.66
Age				
Under 17	242	55	7.4	1.39
17-21	*	*	5.9	1.22
22-64	1,124	127	11.8	1.33
65 and over	107	32	3.6	0.84
Sex				
Male	522	73	9.7	1.10
Female	628	73	10.1	2.34
Race				
White	630	61	9.8	0.86
Other	493	113	10.2	2.34
Health status				
Excellent	*	*	*	*
Good	484	88	9.4	1.29
Fair	776	124	8.3	1.18
Poor	1,579	262	13.2	1.92
Functional limitation				
Cannot perform usual activity	1,285	248	12.7	2.42
Limited in usual activity	*	*	9.0	2.55
Limited outside	*	*	*	*
Not limited	403	49	8.7	0.96
Eligibility				
Suplemental Security Income				
Blind and Disabled	1,210	174	12.5	1.85
Aged	*	*	4.5	1.17
Aid to Families of Dependent Children	333	60	6.7	0.93
State only	1,289	238	17.4	2.90

*Estimate not shown because it does not meet standards of reliability.

Table 7.3. Mean cost per visit for Medicaid mental health users, by selected characteristics: California, Michigan, New York, and Texas, 1980

Characteristics	Cost per visit	
	Mean	Standard error
Four-States' total	$39.85	2.02
State of residence		
California	50.64	3.76
Michigan	32.96	3.99
New York	32.13	1.62
Texas	31.36	3.42
Age		
Under 17	35.17	2.52
17–21	47.50	6.22
22–64	40.63	3.01
65 and over	38.49	6.67
Sex		
Male	43.43	3.32
Female	37.60	2.12
Race		
White	40.15	2.44
Other	39.08	2.83
Health status		
Excellent	44.40	7.46
Good	36.89	3.15
Fair	43.95	3.30
Poor	37.75	3.22
Functional limitation		
Cannot perform usual activity	42.14	3.16
Limited in usual activity	60.81	11.34
Limited outside	*	*
Not Limited	36.01	2.36
Eligibility		
Supplemental Security Income		
Blind and Disabled	46.97	4.41
Aged	43.41	7.24
Aid to Families of Dependent Children	34.41	2.58
State only	39.63	3.54

*Estimate not shown because it does not meet standards of reliability.

Table 7.4. Mean annual cost per Medicaid enrollee and mental health service user, by selected characteristics: California, Michigan, New York, and Texas, 1980

Characteristics	Cost per Medicaid enrollee		Cost per user	
	Mean	Standard error	Mean	Standard error
Four States' total	$18.59	1.79	$316.71	25.88
State of residence				
California	18.50	3.08	335.96	44.93
Michigan	10.81	2.10	210.73	31.61
New York	28.19	3.59	369.95	42.60
Texas	4.56	0.81	121.62	17.55
Age				
Under 17	8.84	2.34	272.28	61.93
17–21	9.91	2.88	222.06	44.79
22–64	34.38	3.27	360.26	31.47
65 and over	*	*	*	*
Sex				
Male	17.10	2.80	317.73	42.45
Female	19.60	2.11	316.07	29.46
Race				
White	20.15	2.25	314.46	28.72
Other	15.64	2.69	322.35	44.30
Health status				
Excellent	6.75	1.78	254.08	57.91
Good	14.11	2.73	275.11	40.52
Fair	30.02	4.49	322.82	42.14
Poor	48.08	7.21	400.94	47.62
Functional limitation				
Cannot perform usual activity	40.46	5.80	400.43	52.86
Limited in usual activity	40.10	8.47	318.64	50.81
Limited outside	*	*	*	*
Not limited	12.76	1.65	274.89	29.06
Eligibility				
Supplemental Security Income				
Blind and Disabled	42.80	6.01	441.34	57.05
Aged	*	*	132.86	34.44
Aid to Families of Dependent Children	10.39	1.75	209.52	27.33
State only	35.00	6.18	471.58	62.57

*Estimate not shown because it does not meet standards of reliability.

Table 7.5. Comparisons of mental health services use by the four–States' Medicaid and total U.S. non–Medicaid populations, 1980

Summary of use statistics	Population			
	Four–States' Medicaid NMCUES—Best Estimate		U.S. total non–Medicaid NMCUES—HHS	
	Mean	Standard error	Mean	Standard error
	Probability of use			
Users (per 1,000 population)	58.7	2.9	38.4	2.0
	Level of use			
Average number of visits per user	9.9	1.0	7.5	0.7
	Volume of use			
Average number of visits per 1,000 population	583	58	288	28

Table 7.6. Comparisons of cost and use of mental health services by the four–States' Medicaid and total U.S. non–Medicaid populations, by level of use, 1980

Level of use statistics	Population			
	Four–States' Medicaid NMCUES—Best Estimate		U.S. total non–Medicaid NMCUES—HHS	
	Percent	Standard error	Percent	Standard error
	User distribution			
Low users	72.9%	2.7	79.4%	2.0
Moderate users	18.4	2.3	12.6	1.5
High users	8.7	1.3	8.0	1.4
	Cost distribution			
Low users	29.8%	3.8	26.7%	2.8
Moderate users	34.4	5.2	25.6	4.2
High users	35.8	6.5	47.7	10.1
	Average cost per visit			
Low users	$41.70	2.5	$34.00	2.4
Moderate users	38.00	2.6	33.80	2.1
High users	29.60	2.7	32.20	2.5
	Average cost per user			
Low users	$129.70	12.4	$ 80.80	6.2
Moderate users	591.20	44.8	486.50	32.0
High users	$1,296.50	23.1	1,437.70	116.8

Table 7.7. Comparisons of payment sources for use of mental health services by the four-States' Medicaid and total U.S. non-Medicaid populations, by level of use,[1] 1980

Level of use statistics	Population			
	Four-States' Medicaid NMCUES—Best Estimate		U.S. total non-Medicaid NMCUES—HHS	
	Percent	Standard error	Percent	Standard error
All users				
Medicaid	56.0%	2.0	0.0%	0.0
Other government	5.0	1.0	11.0	1.0
Insurance	*	*	23.0	2.0
Out-of-pocket	15.0	2.0	60.0	2.0
Low users				
Medicaid	53.0	3.0	0.0	0.0
Other government	4.0	1.0	8.0	1.0
Insurance	*	*	24.0	2.0
Out-of-pocket	16.0	2.0	62.0	2.0
Moderate users				
Medicaid	64.0	5.0	0.0	0.0
Other government	*	*	20.0	6.0
Insurance	*	*	18.0	4.0
Out-of-pocket	*	*	49.0	5.0
High users				
Medicaid	60.0	7.0	0.0	0.0
Other government	*	*	*	*
Insurance	*	*	22.0	5.0
Out-of-pocket	*	*	59.0	6.0

[1]Cases with zero total charges are excluded.

*Estimate not shown because it does not meet standards of reliability.

Table 7.8. Comparisons of costs and use of mental health services by the four-States' Medicaid and total U.S. non-Medicaid populations, by type of setting, 1980

Type of setting	Population			
	Four-States' Medicaid NMCUES—Best Estimate		U.S. total non-Medicaid NMCUES—HHS	
	Mean	Standard error	Mean	Standard error
		Visits per user		
Office-based setting				
Specialty provider	9.0	0.80	11.1	1.22
Nonspecialty provider	7.5	1.30	4.6	0.70
Organized care setting	14.5	2.81	4.1	0.67
		Cost per visit		
Office-based setting				
Specialty provider	$40.75	3.07	$32.55	2.47
Nonspecialty provider	28.86	2.95	26.39	1.78
Organized care setting	49.27	3.96	63.21	9.77
		Cost per user		
Office-based setting				
Specialty provider	$338.86	34.94	$ 359.36	42.95
Nonspecialty provider	158.06	25.13	125.47	21.43
Organized care setting	434.04	63.56	192.71	33.40

Appendix A

Sources and Qualifications of Data—Chapters 2 and 4

Inventory Data

Sources of the Data

The organizational data in chapters 2 and 4 were derived from a series of biennial inventories of specialty mental health organizations in the United States conducted by the Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health, with the cooperation and assistance of the State mental health agencies, the National Association of State Mental Health Program Directors, and the American Hospital Association. The data were imputed for missing organizations as well as for missing items among organizations that reported.

Prior to 1981–82, three inventories were conducted, as follows:

- Inventory of Comprehensive Federally Funded Community Mental Health Centers (CMHCs), which was used to monitor CMHCs federally funded under the CMHC Act of 1963 and pertinent amendments
- Inventory of General Hospital Psychiatric Services, which was used for non-Federal and VA general hospitals identified as having separate psychiatric services
- Inventory of Mental Health Facilities (IMHO), which was used for organizations that were not covered in the other two inventories. Organizations included psychiatric hospitals (State, county, and private), Veterans Administration neuropsychiatric hospitals and psychiatric outpatient clinics, psychiatric partial care organizations, and multiservice mental health organizations, not elsewhere classified.

Definitions of organization types are contained in this appendix.

The aggregate organizational data reported in chapters 2 and 4 were derived from information on forms that were mailed to all organizations of the types shown for the years shown. The inventories are typically mailed in January of even-numbered years to obtain information on the previous year. Organizations can report on either a calendar- or fiscal-year basis.

Type of Information Collected

The inventories included questions on types of services provided, for example, inpatient, outpatient, and partial care; number of inpatient beds; number of inpatient, outpatient, and partial care additions; average daily and end of year inpatient census; expenditures; and staffing by type of discipline and source of revenue (1983 only).

Staffing information was collected as of a sample week at the time the inventory was mailed, and types of services and beds were collected as of the end of the calendar year or the beginning of the next year. Thus, in tables 2.1 and 2.2, numbers of organizations and beds are shown at a point in time, usually January of a particular year. For all other tables, the year refers to either the calendar year or a fiscal year. For all years, information was adjusted to include estimates for organizations that did not report. Some of the data have been published previously (see attached references for selected titles).

Types of Organizations

Types of organizations included in this report are defined as follows.

An ***outpatient mental health clinic*** is an organization that provides only ambulatory mental health services. The medical responsibility for all patients/clients and/or direction of the mental health program is generally assumed by a psychiatrist.

A ***psychiatric hospital*** (public or private) is an organization that is primarily concerned with providing inpatient care to mentally ill persons.

A ***residential treatment center for emotionally disturbed children*** (RTC) is an organization that must meet all of the following criteria.

- It is an organization, not licensed as a psychiatric hospital, the primary purpose of which is the provision of individually planned programs of mental health treatment services in conjunction with residential care for its patients/clients.
- It has a clinical program within the organiza-

tion that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's and/or a doctorate degree.

- It serves children and youth primarily under the age of 18.

- The primary reason for the admission of 50 percent or more of the children and youth is mental illness that can be classified by DSM-II/ICDA-8 or DSM-III/ICD-9-CM codes, other than those codes for mental retardation, drug-related disorders, and alcoholism.

A ***mental health partial care organization*** is a freestanding organization offering primarily day or night partial care.

A ***multiservice mental health organization*** is an organization that provides outpatient care and inpatient/residential treatment care in settings that are under the organization's direct administrative control. If inpatient/residential treatment and/or outpatient care are provided on behalf of the organization by other mental health organization(s) under contract or through affiliation agreement, the organization is classified under some other organization type. Administrative control includes financial, staffing, clinical, and programmatic responsibility. This definition was used for inventories conducted between 1969 and 1981.

Community mental health centers may qualify as multiservice mental health organizations. In order to determine this, they are classified according to specified additional criteria as follows:

- A CMHC, whether formerly federally funded or not, that meets the above criteria for a multiservice mental health organization and is not part of a general or a psychiatric hospital, is classified as a multiservice mental health organization.

- A CMHC, whether formerly federally funded or not, that meets the above criteria for a multiservice mental health organization and is under the administration of a general hospital, is classified as a general hospital with a separate psychiatric service.

- A CMHC, whether formerly federally funded or not, that meets the above criteria for a multiservice mental health organization and is part of a psychiatric hospital is classified as a psychiatric hospital.

In 1983 the definition was changed. A multiservice mental health organization is no longer required to provide inpatient or residential treatment care as one of its services, but could provide any two services (e.g., outpatient and partial care) to be defined as an organization of this type.

A ***general hospital with separate psychiatric service(s)*** is a licensed hospital that has established organizationally separate psychiatric units with assigned staff for inpatient care and/or outpatient care and/or partial hospitalization to provide diagnosis, evaluation, and/or treatment to persons admitted with known or suspected psychiatric diagnoses. If inpatient care is the separate psychiatric service, beds are set up and staffed specifically for psychiatric patients in a separate ward or unit. These beds may be located in a separate building, wing, ward, or floor, or they may be a specific group of beds physically separated from regular or surgical beds.

Qualifications of the Data

Data for the three most recent years shown (1979–80, 1981–82, and 1983–84) are influenced by factors that affect the comparability of data between these years and earlier years. Since 1979–80 data are not available for VA medical centers, psychiatric services of non-Federal general hospitals, and federally funded CMHCs, data shown for 1979–80 are as of 1980–81 for CMHCs and as of 1977–78 for VA medical centers and non-Federal general hospital psychiatric services. These data substitutions were made in tables 2.1 through 2.9 and 2.12a and 2.12b. The impact of these substitutions on the comparability of the data is not known. However, since these years were close in time, the effect is believed to be small.

The issue of comparability with other years is much more severe for the 1981–82 and 1983–84 inventory data. This issue, which affects all aggregate organizational data in chapter 2, was due primarily to the fact that some organizations were reclassified as a result of changes in reporting procedures and definitions.

It should be noted that a major revision of the inventory program took place in 1981–82. As a result of the 1981 shift in the funding of the CMHC program from categorical to block grants, the Inventory of CMHCs was discontinued. Organizations that previously had been classified as CMHCs were reclassified as multiservice mental health organizations, freestanding psychiatric outpatient clinics, or as separate psychiatric units of non-Federal general hospitals, depending upon the types of services they *directly* operated and controlled. The Inventory of Mental Health Organizations, first used in 1981–82, was designed to reflect these changes in classification.

Several other revisions took place in 1983–84 that related to the definition of multiservice mental health organizations and partial care services. Prior to that time, any organization (1) not classified either as a psychiatric hospital, general hospital with separate psychiatric services, or residential treatment center for emotionally disturbed children and (2) that offered either inpatient care *or* residential treatment care *and* outpatient or partial care was classified as a *multiservice mental health organization*. In 1983–84, this

definition was broadened to include organizations that offered *any* two different services and were not classifiable as any of the organizations noted above. The provision of inpatient or residential treatment care was no longer a prerequisite. As a result, many organizations classified in 1981–82 and earlier as psychiatric outpatient clinics were classified in 1983–84 as multiservice mental health organizations.

For partial care services, the definition was broadened in 1983–84 to include rehabilitation, habilitation, and education programs [1] that had previously been excluded. This resulted in a sharp increase in the number and volume of partial care programs.

In summary, the net effect of the revisions has been

- to phase out CMHC as a category in 1981–82 and 1983–84;
- to increase the number of multiservice mental health organizations in both years;
- to increase the number of psychiatric outpatient clinics in 1981–82, but decrease the number in 1983–84; and
- to increase the number of partial care services in 1983–84.

These changes should be noted when interyear comparisons for the affected organizations and service types are made.

The increase in the number of general hospitals with separate psychiatric services was due to a more concerted effort to identify these organizations in 1980–81 and 1983–84 than previously. In prior years, forms were sent only to those hospitals previously identified as having a separate psychiatric service. In 1980–81 and 1983–84, a screener form was sent to general hospitals not previously identified as providing a separate psychiatric service to determine if they had such a service.

Since 1981–82 data were not available for VA medical centers and non-Federal general hospitals, 1980–81 were used where possible. For VA medical centers, 1980–81 data were available only on bed and patient movement variables for inpatient services. The effect on the comparability of the data resulting from the substitution of data for the previous year is unknown, but is believed to be small. However, headnotes and footnotes indicate tables where (1) VA data were excluded for all years or (2) data substitutions were made.

Appendix B

Sources and Qualifications of Data—Chapter 3

1980 Patient Sample Surveys

Psychiatric Inpatient Services

State and County Mental Hospitals

Private Psychiatric Hospitals

Veterans Administration Medical Centers

Non–Federal General Hospitals

Survey Designs and Procedures

Survey Designs

Scope of the surveys. The surveys of admissions to State and county mental hospitals and private psychiatric hospitals were conducted from July to October 1980 by the Survey and Reports Branch (SRB), National Institute of Mental Health (NIMH), in cooperation with State mental health agencies. The survey of admissions to Veterans Administration (VA) medical centers was conducted during February through May 1981 by the SRB in cooperation with the VA. The survey of discharges from the separate psychiatric inpatient services of non–Federal general hospitals was conducted during the month of February 1981 by the American Hospital Association (AHA) under contract to NIMH.

The target populations included all patients admitted to the psychiatric inpatient services of State and county mental hospitals, private psychiatric hospitals, and VA medical centers, and all discharges from the separate psychiatric inpatient services of non–Federal general hospitals located in the 50 States and the District of Columbia.

Total additions to State and county mental hospitals consist of admissions (new and readmissions) and returns from long–term leave. The survey population included only new admissions and readmissions, and excluded returns from long–term leave, whereas totals used in ratio adjustment (described below) included returns from long–term leave. The exclusion of these latter cases from the survey population could produce a slight upward bias in the estimates; however, since the number of returns from long–term leave was small in relation to other types of admissions, such bias should be negligible. Hereafter, the term admissions is used.

Sampling frames and sample sizes. The sampling frames (universes) for the surveys consisted of all hospitals reported in the most recent NIMH Inventory of Mental Health Organizations at the time of the surveys. This inventory included data on services, caseload, staffing, and expenditures. The caseload data on admissions or discharges formed the basis for the stratification of the universe of hospital inpatient services, as described below.

For State and county mental hospitals, the original universe for the survey consisted of 274 hospitals. The target sample comprised 169 hospitals. Of these, 10 refused to participate, and 3 were out of scope—1 had closed, and 2 had been incorrectly classified. Thus, 156 hospitals participated in the 1980 survey and provided data for 4,867 sample inpatient admissions.

For private psychiatric hospitals, the original universe consisted of 180 hospitals. The target sample consisted of all 180 hospitals. Of these, 26 refused to participate. Thus, 154 hospitals participated in the 1980 survey and provided data for 6,958 sample inpatient admissions.

For VA medical centers, the original universe consisted of 121 centers with psychiatric inpatient services. The target sample consisted of all 121 centers. Of these, 4 refused to participate. Thus, 117 centers participated in the 1981 survey and provided data for 4,751 sample inpatient admissions.

For non–Federal general hospital separate psychiatric inpatient services, the original universe consisted of 1,060 hospitals. The target sample consisted of 294 hospitals. Of these, 47 refused to participate and 13 were out of scope—4 had

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Prepared by Survey and Reports Branch, Division of Biometry and Applied Sciences, National Institute of Mental Health.

closed and 9 had been incorrectly classified. Thus, 234 hospitals participated in the 1981 survey and provided data for 5,101 sample inpatient discharges.

Sample designs. The private psychiatric hospital and VA medical center surveys used a one-stage stratified probability design as described below.

In the private psychiatric hospital survey, hospitals were divided into two primary strata, defined by the annual number of admissions reported in the 1978 Inventory, as shown in table B-I. Hospitals in the small stratum were requested to include in the sample all patients admitted during the month of July 1980. Hospitals in the large stratum were requested to include only those admissions whose patient case number ended with an odd digit.

In the VA medical center survey, centers were stratified by size into three primary strata, defined by the annual number of inpatient admissions reported in the 1978 Inventory, as shown in table B-I. Each center was asked to list all inpatient admissions during the month of February 1981 on a form provided by NIMH and to complete patient questionnaires for each admission appearing on one of the predesignated sample lines. The listing booklets were designed with differential sampling fractions, so that larger programs sampled a smaller proportion of their admissions, thus maintaining approximately equal reporting levels among all centers. Sampling was systematic, with a random start within the first sampling interval.

The State and county mental hospital and the non-Federal general hospital surveys used stratified probability designs selected in two stages, as described below.

In the State and county mental hospital survey, all hospitals in States identified by the Indian Health Service as having a large proportion of Native Americans were selected into a certainty stratum. Hospitals in the following states were included in the certainty stratum: Alaska, Arizona, Colorado, Idaho, Kansas, Montana, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, and Wyoming. Remaining hospitals were stratified by size into four primary strata, defined by the annual number of inpatient admissions reported in the 1979 Inventory, as shown in table B-I.

In the non-Federal general hospital survey, all hospitals were stratified by three ownership/auspice categories (public, nonpublic, and multiservice/CMHC) and by five size categories, defined by the annual number of inpatient discharges reported in the 1978 Inventory, as shown in table B-I.

In these two latter surveys, hospitals in each primary stratum were listed by State, and sampling of hospitals was systematic, with a random start within the first sampling interval.

The second sampling stage consisted of the selection of a sample of patients admitted to sample hospitals during the month of July 1980 for State and county mental hospitals and patients discharged during the month of February 1981 for non-Federal general hospital separate psychiatric inpatient services. Hence, each sample hospital reported data for a cluster of patients included in the second-stage sample. As described above for the VA medical center survey, each sample hospital selected the sample patients through use of listing booklets with predesignated sample lines and sampling fractions appropriate to size strata.

Data collection and instruments. The sample hospitals completed patient questionnaires on each designated sample patient. Most items were obtained from the hospital records by medical records administrator staff. The data collection instruments contained similar data items for each survey, although they were structured somewhat differently.

The form used in the survey of non-Federal general hospitals was a one-part form; those used in the surveys of State and county mental hospitals, private psychiatric hospitals, and VA medical centers were two-part forms. The first part of the form requested information pertaining to the admission of the patient and was completed at the time of admission, upon discharge, or at the end of the study period. The second part of the form requested data about the treatment of the patient, as well as a discharge summary if the patient was discharged. This second part was completed at the end of the 3-month study period or at the time of the patient's discharge from the inpatient service, whichever occurred first.

In the survey of non-Federal general hospitals, both the individual questionnaires for discharged patients and the listing booklet were mailed by the sample hospitals to AHA for editing and processing. For the remaining three surveys, these materials were mailed to NIMH.

Limitations of the Designs

Nonresponse. As in any survey, there were three possible types of nonresponse:

1. failure of a sample hospital to participate in the survey;
2. failure to obtain data on a patient designated as a sample case; and
3. failure to obtain specific items of information (age, diagnosis, etc.) for individual sample patients.

Estimates presented in this report were adjusted for the failure of a sample hospital to respond through the use of an adjustment factor (number of selected hospitals divided by number of respondent hospitals) in conjunction with inflation by the inverse of the first-stage sampling fraction. The number of sample hospitals that did not respond to the surveys is detailed in table B-I, by strata. No

instances occurred of failure to obtain data on an admission designated as a sample case in the State and county mental hospital and private psychiatric hospital surveys. In the remaining two surveys, data were adjusted for failure to obtain data on patients designated as sample cases (48 cases in VA medical centers and 4 cases in non-Federal general hospitals) by use of an adjustment factor (number of designated sample cases divided by the number of respondent sample cases within the same hospital).

Data were adjusted for nonresponse to specific items as follows: records were sorted on a core set of variables, such as sex, age-category, diagnostic-category, stratum, region, and patient number, and the value of the variable from the previous record was substituted for the unknown value. Unless otherwise footnoted, the percentage of cases with missing data was 5 percent or less for any given variable.

Seasonality. Data collected in this survey have been inflated to represent the annual number and characteristics of admissions or discharges for the types of inpatient services surveyed, as described below. However, patients were sampled only for a 1-month period. Seasonal variations in the number and characteristics of patient admissions or discharges were not considered in the estimation or variance calculations employed for these surveys.

Estimation

Estimation was carried out in three steps:

1. Within each primary stratum, patient records were weighted by the product of the inverse of the sampling fraction(s), the nonresponse adjustment factor(s) (described above), and the ratio of total annual admissions or discharges (described below) to total sample-month admissions or discharges. This weight has the effect of inflating sample cases to annual facility totals and inflating sample facility totals to stratum totals.

2. Within each primary stratum, weights developed in step one were multiplied by a stratum-level ratio adjustment factor defined as the ratio of the total annual admissions or discharges for all hospitals in the stratum, to the inflated total count of admissions, as calculated from the procedure described in step one. The purpose of this ratio adjustment was to take into account all relevant information in the estimation process, thereby reducing the variability of the estimate. The effect of this ratio adjustment was to bring the estimates derived from the sample into agreement with the known total number of admissions or discharges.

3. Resulting stratum-level estimates were summed across strata to derive totals and subtotals for different domains of interest.

Reliability of Estimates

Background. Because estimates presented in this report are based on sampling, they are likely to differ from figures that would have been obtained from complete enumerations of the universes using the same instruments. Results are subject to both sampling and nonsampling errors. Nonsampling errors include biases due to inaccurate reporting, processing, and measurement, as well as error due to nonresponse and incomplete reporting. These types of errors cannot be measured, but have been minimized to the extent possible through the procedures used for data collection, editing, and quality control.

The sampling error (standard error) of a statistic is inversely proportional to the square root of the number of observations in the sample. Thus, as the sample size increases, the standard error decreases. The standard error measures the variability that occurs by chance, because only a sample rather than the entire universe is surveyed. The chances are about two out of three that an estimate from the sample differs by less than one standard error from the value that would be obtained from a complete enumeration. The chances are about 95 out of 100 that the difference is less than twice the standard error, and about 99 out of 100 that it is less than three times as large.

In this report, statistical inference is based on the construction of 95-percent confidence intervals for estimates (0.05 level of significance). All statements of comparison in the text relating to differences such as "higher than," "less than," etc., indicate that the differences are statistically significant at the 0.05 level or better. Terms such as "similar to" or "no difference" mean that statistically, no difference exists between the estimates being compared. Lack of comment on the difference between any two estimates does not imply that a test was completed and there was a finding of no significance.

Calculation of standard errors. Standard errors were calculated for a broad range of subtotals within age, sex, and race subclasses through the use of SESUDAAN: Standard Errors Program for Computing of Standardized Rates from Sample Survey Data, which was developed at the Research Triangle Institute by B.V. Shah. This procedure computes estimated sampling variance through the use of a Taylor series approximation. As applied to data from the present surveys, variance estimates for subtotals were calculated for each primary stratum and then summed across strata to derive standard errors for domains of interest. The variance estimate for each primary stratum includes both the between-facility and the within-facility components of variance, with corrections for finite populations applied at both sampling stages. Since preliminary work suggested that use of stratum-level ratio adjustment did not appreciably affect the variance estimates, all variance estimates were calculated on ratio-adjusted subtotals.

Relative standard errors of subtotal estimates. The relative standard error of a subtotal estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate. Approximate relative standard errors for aggregate subtotal estimates are presented in figure B–I.

Approximately 30 curves were generated for each survey by inputting the relative variance and the inverse of weighted aggregate totals obtained from SESUDAAN into the GLM (General Linear Models) procedure in SAS (Statistical Analysis System). GLM uses the method of least squares to obtain the a and b parameters (listed in table B–II) and the predicted relative variance. From this, the predicted relative standard error was calculated and plotted against aggregate subtotal estimates using the GPLOT procedure in SAS/GRAPH. The 30 curves generated were very similar, and the generalized curves presented in figure B–I represent the most conservative of the set of curves for each survey. These generalized relative standard error curves indicate the magnitude of the relative standard error for estimates of various sizes and should be interpreted as approximate rather than exact for any specific estimate.

Alternatively, the relative standard error, RSE(x), for a subtotal estimate may be calculated directly using the following formula, where x is the size of the estimate and a and b are the parameters listed in table B–II. Direct computation will produce more precise results than use of the approximations in figure B–I. Direct computation should be used when comparing specific subgroups of non–Federal general hospitals (i.e., public, nonpublic, multiservice), since the curve shown in figure B–I represents the aggregate of all three subgroups of general hospitals.

$$RSE(x) = \sqrt{a + \frac{b}{x}} \cdot 100$$

Relative standard errors of rates. The approximate relative standard error for a rate, in which the denominator is the U.S. population or one or more of the age–sex–race subgroups of the U.S. population, is equivalent to the relative standard error of the numerator of the rate (as presented in figure B–I).

Relative standard errors of estimated percentages. The approximate relative standard error of an estimated percentage, expressed in percentage terms, may be determined by use of figure B–II. The relative standard error of the percentage is obtained from the appropriate curve, and may be interpolated for percentages based on denominators not shown in the figure. These relative standard errors should be interpreted as approximate rather than exact for any specific percentage.

Alternatively, relative standard errors for percentages, RSE(p), may be calculated directly using the following formula, where p is the percentage of interest, x is the base of the percentage, and b is the parameter listed in table B–II.

$$RSE(p) = \sqrt{\frac{b}{x} \cdot \frac{(100-p)}{p}} \cdot 100$$

Relative standard errors of medians. In this report, medians were calculated on ungrouped data using the PROC UNIVARIATE procedure from SAS. The sampling variability of an estimated median depends on the form of the distribution as well as the size of the base upon which it is calculated. An approximate method for calculating the standard error of the median when the underlying population is normally distributed is to multiply the standard error of the mean by a factor of 1.2538. For estimated medians in this report, estimates were converted into logs in order to normalize distributions, and standard errors of the mean were calculated. The anti–logs were then taken, and the resultant standard errors were multiplied by 1.2538 to obtain an approximate standard error for the median. Confidence intervals were then calculated around the median obtained from PROC UNIVARIATE using this estimated standard error.

Alternatively, 95–percent confidence intervals for medians may be approximated as follows:

1. Determine the relative standard error, expressed in percentage terms, of the estimate of 50 percent from the relevant distribution in figure B–II.

2. Convert the relative standard error to the standard error, i.e.,

$$\frac{RSE \cdot EST}{100}$$

3. Add to and subtract from 50 percent twice the standard error determined in step (2).

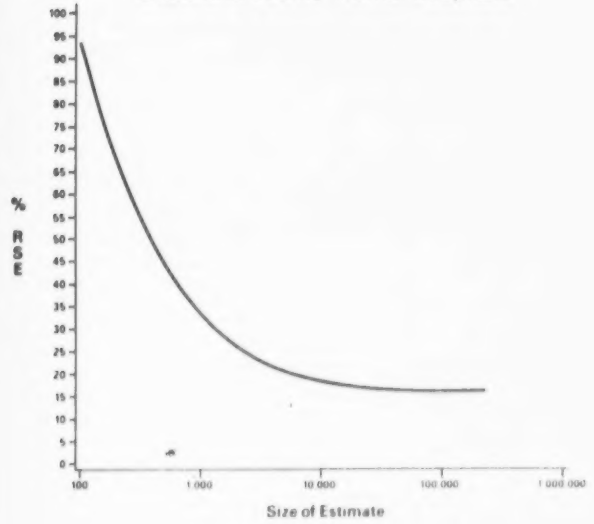
4. Using the distribution of the characteristic, calculate the values from the distribution corresponding to the two points established in step (3). These values will be the upper and lower limits for the 95–percent confidence interval.

Estimates of differences between two statistics. The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases.

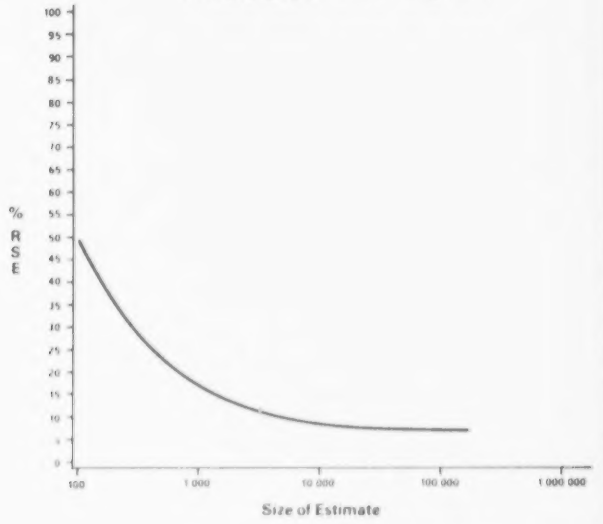
Estimates of statistical sums. The standard error of the sum of a number of independent estimates is the square root of the sum of the squares of the standard errors of the separate estimates.

Figure B-I Relative standard errors for estimated subtotals

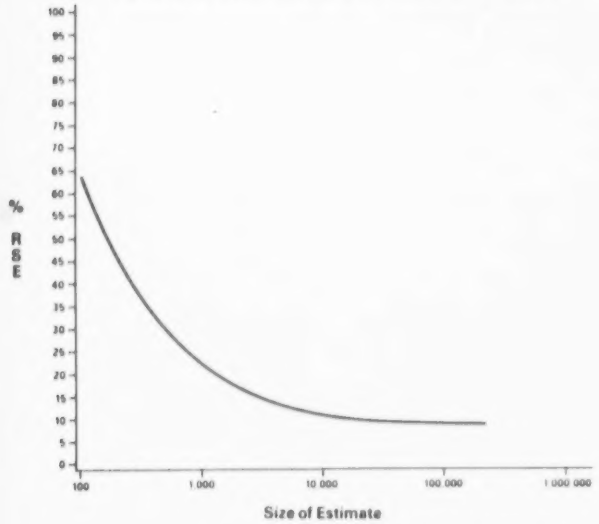
State and county mental hospitals



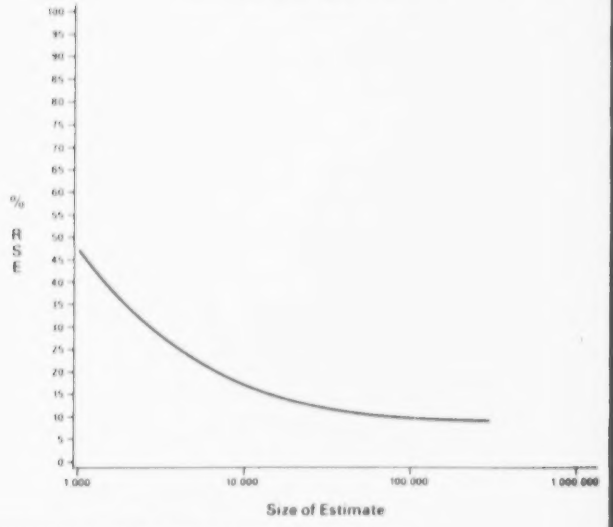
Private psychiatric hospitals



Veterans Administration medical centers



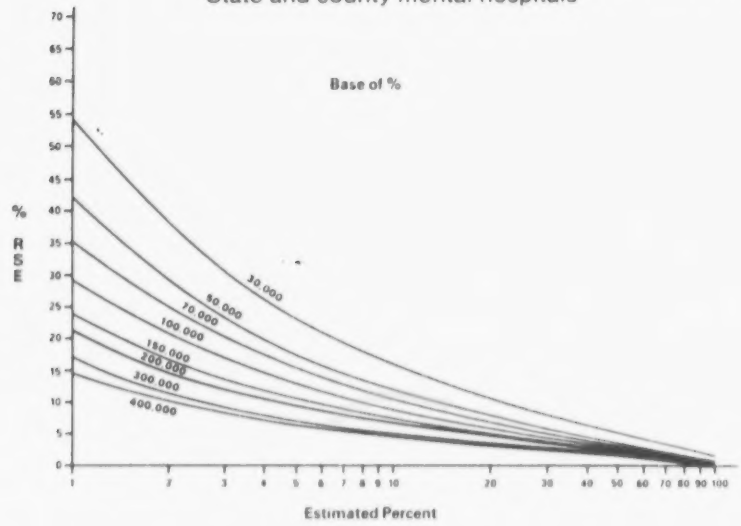
Non-Federal general hospitals



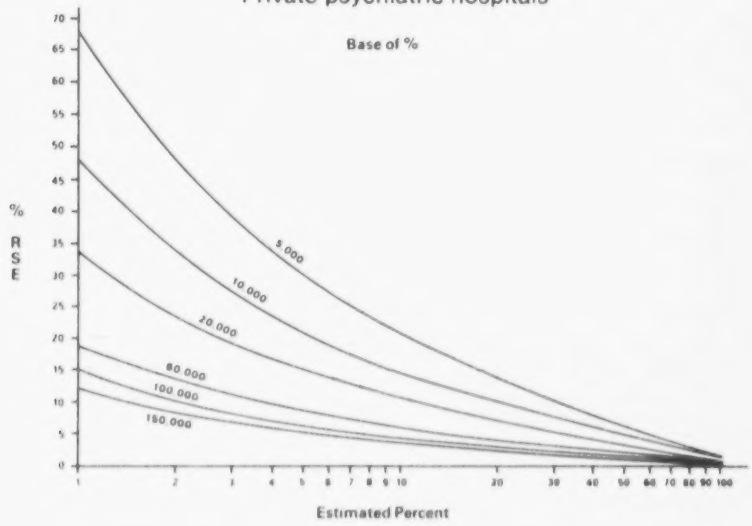
Example: For private psychiatric hospitals, an estimate of 10,000 admissions (on scale at bottom of figure) has a relative standard error of approximately 8% (read from scale at left side of figure), or a standard error of 800 (8% of 10,000).

Figure B-II Relative standard errors for estimated percentages

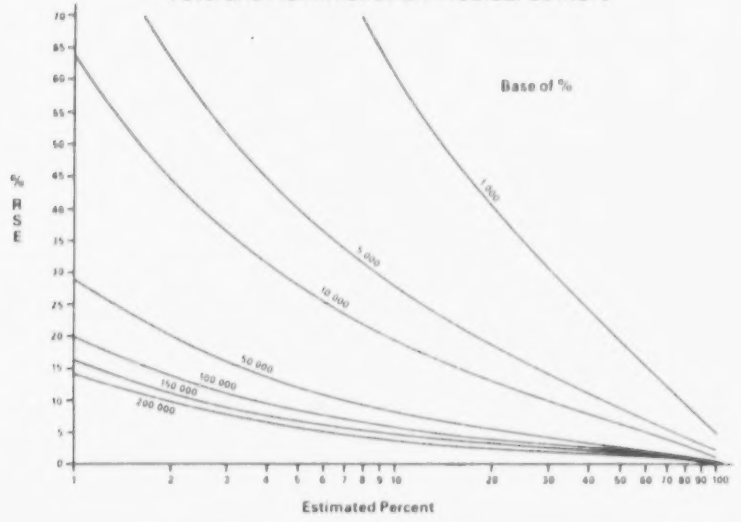
State and county mental hospitals



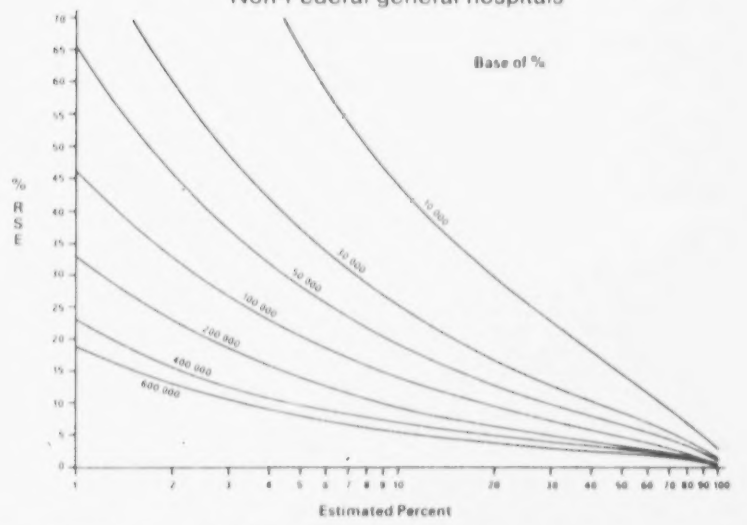
Private psychiatric hospitals



Veterans Administration medical centers



Non-Federal general hospitals



Example: For private psychiatric hospitals, an estimate of 20% (on scale at bottom of figure) for a base of 60,000 has a relative standard error of approximately 5% (read from scale at left side of figure). The standard error in percentage points is equal to 20% x 5%, or 1.0 percentage points.

Table B–I. Universe and sample counts for State and county mental hospitals, private psychiatric hospitals, VA medical centers, and the separate psychiatric inpatient services of non–Federal general hospitals, by primary strata

Primary strata	Number of hospitals					Number of patients in actual sample
	Universe	Sample	Responding in scope	Out of scope	Nonresponding	
Annual Admissions						**Admissions**
State and county mental hospitals						
Total, all strata	274	169	156	3	10	4,867
0–999	123	61	55	1	5	1,806
1000–2499	86	43	40	1	2	1,339
2500–4999	33	33	31	–	2	885
5000+	7	7	6	–	1	132
Indian Health (all sizes)	25	25	24	1	–	705
Private psychiatric hospitals						
Total, all strata	180	180	154	–	26	6,958
0–719	105	105	90	–	15	3,596
720+	75	75	64	–	11	3,362
Veterans Administration medical centers						
Total, all strata	121	121	117	–	4	4,751
0–1000	52	52	50	–	2	2,171
1000–2499	47	47	45	–	2	1,725
2500+	22	22	22	–	–	855
Annual Discharges						**Discharges**
Non–Federal general hospitals						
Total, all strata	1,060	294	234	13	47	5,101
Public						
Total, all strata	160	73	55	2	16	1,118
0–399	51	17	12	–	5	330
400–799	53	18	14	–	4	301
800–1499	36	18	12	2	4	248
1500+	14	14	11	–	3	196
Unknown	6	6	6	–	–	43
Nonpublic						
Total, all strata	727	129	106	4	19	2,338
0–399	246	31	25	1	5	810
400–799	315	39	34	–	5	723
800–1499	132	33	26	1	6	515
1500+	17	17	15	–	2	201
Unknown	17	9	6	2	1	89
Multiservice/CMHC						
Total, all strata	173	92	73	7	12	1,645
0–399	51	25	21	2	2	501
400–799	51	26	19	–	7	435
800–1499	30	15	12	–	3	216
1500+	10	10	10	–	–	118
Unknown	31	16	11	5	–	375

Table B–II. Parameters for calculating approximate standard errors of estimated numbers and percentages for selected characteristics from the 1980 patient sample surveys of State and county mental hospitals, private psychiatric hospitals, VA medical centers, and the separate psychiatric inpatient services of non–Federal general hospitals

Type of characteristic	Parameter	
	a	b
State and county mental hospitals		
Admissions		
Age by sex by race	0.00207	109.987
Age by sex and race by:		
Diagnosis	0.02286	92.598
Payment	0.02486	95.669
Length of stay	0.01446	94.612
Private psychiatric hospitals		
Admissions		
Age by sex by race	0.00026	25.728
Age by sex and race by:		
Diagnosis	0.00174	24.380
Payment	0.00555	23.293
Length of stay	0.00137	23.001
Veterans Administration medical centers		
Admissions		
Age by sex by race	0.00130	39.737
Age by sex and race by:		
Diagnosis	–0.00524	46.270
Length of stay	0.00512	40.630
Veteran Status	0.00245	39.796
Non–Federal general hospitals		
Discharges		
Total hospitals		
Age by sex by race	0.00246	204.005
Age by sex and race by:		
Diagnosis	0.00684	204.844
Payment	0.00706	220.418
Length of stay	0.00363	210.455
Public hospitals		
Age by sex by race	0.00770	130.805
Nonpublic hospitals		
Age by sex by race	0.00615	255.056
Multiservice/CMHC hospitals		
Age by sex by race	0.01845	47.318

Appendix C

Glossary of Terms

Additions (inpatient). Persons admitted or readmitted to inpatient services as well as those persons returned from long-term leave or transferred from noninpatient (for example, outpatient or partial care) components of organizations. Each time a person was admitted, readmitted, or returned from long-term leave during the year was counted separately.

Additions (noninpatient). Persons admitted or readmitted to outpatient or partial care settings or transferred to one of these settings from another organization or another setting within the same organization during a year.

Additions per 100,000 civilian population. The ratio of additions per 100,000 civilian population measures the proportion of people coming under care during the year. This ratio is an overestimate of the number of individuals coming under care because the same person may have been admitted, and therefore counted, two or more times during the year. The number of inpatients at the end of the year per 100,000 civilian population provides an estimate of the proportion of the population under care at one time.

Administrative and maintenance staff. All administrative and other professional nonhealth staff (for example, business administrators, accountants), as well as clerical and maintenance staff.

Aid to Families With Dependent Children (AFDC). Financial assistance provided to eligible persons under Title IV-A of the Social Security Act.

Ambulatory care visit. A direct personal visit by an ambulatory patient to a health care provider in the provider's office, a hospital outpatient department or emergency room, or a health center or clinic.

Average daily census (ADC). The average number of inpatients per day is the ratio of the total annual inpatient days, excluding days for which patients were on overnight or weekend pass or other short-term leave, to the number of days in the year.

Beds. Inpatient beds set up and staffed for use at the end of a calendar year.

Categorically needy. Under Medicaid, persons who are aged, blind, or disabled—or families and children who are otherwise eligible for Medicaid and who meet financial eligibility requirements for Aid to Families With Dependent Children (AFDC), Supplemental Security Income (SSI), or an optional State supplement.

Civilian population. The civilian population of the United States. Although members of the Armed Forces are excluded, their families are included.

Constant dollars. Dollars adjusted for inflation using 1969 as the base year. Following is an explanation of how constant dollars are calculated.

The reciprocal of the medical care component of the Consumer Price Index (CPI) represents the purchasing power of the dollar in a given year relative to that in the base year (1969 = 100). For example, the reciprocal of the medical care component of the CPI in 1979 was 100.0/211.4 or $0.47. Therefore, $1 in 1979 was equivalent to the purchasing power of $0.47 in 1969. If the actual 1979 expenditures ($3.8 billion) for State and county mental hospitals (chapter 2, table 2.12a) is multiplied by 0.47, the result is $1.8 billion in constant dollars (chapter 2, table 2.12b). This means that the $3.8 billion in actual expenditures for 1979 were worth only $1.8 billion in 1969 dollars.

Consumer Price Index (CPI). The index prepared by the U.S. Bureau of Labor Statistics that measures the changes in average prices of the goods and services purchased by urban wage earners. The medical care component of the CPI shows trends in medical care prices based on specific indicators of hospital, medical, and drug prices.

Discharges. Persons released or discharged from inpatient care, including transfers to noninpatient components and nonpsychiatric wards of non-Federal general hospitals. Excludes persons discharged by death. If a person is discharged more than once during the year, each discharge is counted separately.

DSM-III. The *Diagnostic and Statistical Manual of Mental Disorders* as defined and grouped by the American Psychiatric Association.

Federally funded community mental health center (CMHC). A legal entity through which comprehensive mental health services are provided to a special geographic area. This mental health delivery system may be implemented by a single organization (with or without subunits) or by a group of affiliated organizations that make available at least the following essential mental health services: inpatient, partial, outpatient, emergency care, and consultation and education. Further, one of the component organizations of the CMHC is the recipient of Federal funds under P.L. 88–164 (construction) and/or P.L. 89–105 (staffing), or amendments thereto.

Freestanding psychiatric outpatient clinic. An administratively distinct organization that is not part of another organization (e.g., a hospital) and whose primary purpose is to provide *only* ambulatory mental health services on either a regular or emergency basis. The medical responsibility for all patients/clients and/or direction of the mental health program is generally assumed by a psychiatrist.

Freestanding psychiatric partial care organization. An administratively distinct organization that is not part of another psychiatric organization (e.g., a hospital). It comprises programs for nonresidential patients who generally require more time (3 or more hours) than that provided through an outpatient visit, but who require less than 24 hours in the organization.

Full–time equivalents (FTEs). The total hours worked by all full–time employees, part–time employees, and trainees in each staff discipline in one week, divided by 40, to indicate the number of person weeks.

Full–time staff. Persons (excluding trainees) employed 35 hours or more per week in a particular setting. Schoolteachers are counted as full–time if they are employed 30 or more hours a week.

Functional limitation. Under the National Medical Care Utilization and Expenditure Survey, the assessment of an individual's activity level, based on responses by persons aged 17 and over to a battery of questions developed to classify limitation of activity, specifically for functions such as walking, driving a car, and climbing stairs.

General hospital with separate psychiatric service(s). A licensed non–Federal general hospital or VA medical center that knowingly and routinely admits patients to one of the following services for the express purpose of diagnosing and treating psychiatric illness.

Separate psychiatric inpatient setting.—A setting in which beds are specifically set up and staffed exclusively for psychiatric patients. These beds may be located in a specific wing, floor, or ward; or they may be a specific group of beds physically separated from (not intermingled with) regular medical or surgical beds.

Separate psychiatric outpatient setting.—A setting in which organized psychiatric services are provided in a separate hospital clinic established exclusively for the care of ambulatory psychiatric patients.

Halfway house. An organization that prepares a previously hospitalized patient for return to home and community environment by providing transitional living quarters and assistance in the activities of daily living.

HHS. National Household Sample. A component of the National Medical Care Utilization and Expenditure Survey.

ICDA. The *International Classification of Diseases, Adapted for Use in the United States,* which classified morbidity and mortality information for statistical purposes. The ICDA was based on the Eighth Revision ICD (ICDA–8); it was officially replaced in the United States by the *Ninth Revision ICD, Clinical Modification (ICD–9–CM),* published in 1978 by the National Center for Health Statistics.

Inpatient days. Days that persons were physically present for 24 hours in the inpatient service during the year. Excludes days for which patients were on overnight or weekend pass or other short–term leave.

Inpatient episodes. *See patient care episodes.*

Inpatients at end of year. Persons physically present for 24 hours in the inpatient service at the end of the year, or away on short visits (as long as they were expected to return to the inpatient service), or on unauthorized absence, AWOL, or escape.

Inpatient treatment. Provision of mental health services to persons requiring 24–hour supervision.

Length of stay. The number of days between the date of last admission and the discharge date, with persons discharged on the same day counted as having a 1–day stay.

Median length of stay. A positional measure that divides all admissions into two groups of equal size. Fifty percent of all admissions have a length of stay shorter than the median; 50 percent, a length of stay longer than the median. Results are comparable across settings. However, it should be noted that a positional measure, such as median length of stay, will produce results that may differ from other measures of central tendency, such as mean length of stay.

Medicaid. The Federal–State medical assistance program designed to pay for health care services used by eligible people. It is operated and partially funded by the States under general Federal rules and with Federal financial assistance. The basic Federal Medicaid law is Title XIX of the Social Security Act, passed in 1965, and its amendments. Although changes have been made over the years, the essential structure of the program has remained unchanged since its creation. States have considerable flexibility in the design of their Medicaid programs.

Medically needy. Under Medicaid, persons who are aged, blind, or disabled, or families and children who are otherwise eligible for Medicaid and whose income resources are above the limits for eligibility as categorically needy (Aid to Families With Dependent Children, Supplemental Security Income), but are within limits set under the Medicaid State plan.

Medicare (Title XVIII). A nationwide health insurance program that provides protection to persons 65 years of age and over, persons eligible for social security disability payments for more than 2 years, and people with end-stage renal disease, regardless of income.

Mental disorder. Any of the diagnoses listed in the table below and classified by either the American Psychiatric Association in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM–II), 1968, and/or (DSM–III), 1980; or by the National Center for Health Statistics in the *Eighth Revision International Classification of Diseases Adapted* (ICDA–8), 1967, and/or *Ninth Revision International Classification of Diseases, Clinical Modification* (ICD–9–CM), 1980.

Mental health partial care organization. *See freestanding psychiatric partial care organization.*

Multiservice mental health organization. An administratively distinct organization that provides inpatient or residential treatment and any combination of outpatient and day treatment, in settings that are under the organization's direct and total control.

NMCUES. National Medical Care Utilization and Expenditure Survey.

Non–Federal general hospital with separate psychiatric services. A short-stay non–Federal hospital providing services in any combination of separate psychiatric inpatient, outpatient, or partial hospitalization.

Office–based physicians. Doctors of medicine or osteopathy who are licensed to practice medicine in one of the States or territories of the United States and who are classified by the American Medical Association through self–reporting as spending most of their time working in practices based in private offices.

Organized care setting. Ambulatory medical care provided in hospital outpatient departments, emergency rooms, community mental health centers and clinics.

Out–of–pocket expenditure. The amount paid directly by an individual or family for personal health services exclusive of third–party payments and health insurance premiums.

Outpatient treatment. Provision of mental health services on an ambulatory basis to persons who do not require either 24–hour or partial hospitalization.

Partial care. A planned program of mental health treatment services generally provided in sessions of 3 or more hours to groups of patients or clients.

Selected diagnoses	Combined DSM–II/ICDA–8	Combined DSM–III/ICD–9–CM
Alcohol–related	291; 303; 309.13	291; 303; 305.0
Drug–related	294.3; 304; 309.14	292; 304; 305.1–305.9; 327; 328
Organic disorders (other than alcoholism and drug)	290; 292; 293; 294 (except 294.3); 309.0; 309.2–309.9	290; 293; 294; 310
Affective disorders	296; 298.0; 300.4	296; 298.0; 300.4; 301.11; 301.13
Schizophrenia	295	295; 299
Other psychoses	297, 298.1–298.9; 299	297; 298.1–298.9
Anxiety/somatoform/ dissociative	300.0–300.3; 300.5–300.9	300.0–300.15; 300.2–300.3; 300.5–300.81; 307.4 (except 307.46); 307.8; 308; 309.81
Personality disorders	301	300.16; 300.19; 301 (except 301.11 and 301.13); 312.3

Part-time staff. Persons (excluding trainees) employed less than 35 hours a week in a particular setting.

Patient care episodes. Episodes are defined as the number of residents in inpatient organizations at the beginning of the year (or the number of persons on the rolls of noninpatient organizations), plus the total additions to these organizations during the year. Total additions during the year include new admissions and readmissions; it is, therefore, a duplicated count of persons. In counting admissions rather than persons, two types of duplication are introduced. First, the same person may be admitted more than once to a particular organization during the year. In this case, the same person is counted as many times as admitted. Second, the same person may be admitted to two or more different organizations during the year. Again, this person is counted as an admission for each organization to which admitted. Duplication also occurs because episodes are counted independently by type of setting (inpatient, outpatient, partial care services). A person who is an inpatient in a hospital, released to a day care program, and then followed as an outpatient, for example, would be counted as having three episodes.

Patient care staff. All employees excluding administrative and maintenance employees.

Professional patient care staff.—Includes psychiatrists, nonpsychiatric physicians, psychologists, social workers, registered nurses, and other mental and physical health professionals.

Other health professionals.—Includes dieticians, dentists, dental technicians, and pharmacists.

Other mental health professionals.—Includes occupational therapists, vocational rehabilitation counselors, and other mental health professionals with at least B.A.-level training.

Other patient care staff.—Includes licensed practical and vocational nurses; mental health workers with an A.A. degree or higher but less than a B.A. degree; and mental health workers with less than an A.A. degree.

Perceived health status. Under the National Medical Care Utilization and Expenditure Survey, the household respondent's judgment of the Medicaid recipient's health status relative to others the same age. The possible categories are excellent, good, fair, and poor.

Percent occupancy. The ratio (expressed as a percent) of the average daily census to the number of beds.

Private psychiatric hospital. A hospital operated by a sole proprietor, partnership, limited partnership, corporation, or nonprofit organization, primarily for the care of persons with mental disorders.

Psychiatric hospital (public or private). An entity either operated as a hospital by a State (e.g., State mental hospital) or licensed as a hospital by the State (e.g., private psychiatric hospital) that is primarily concerned with providing inpatient care to mentally ill persons.

Residential treatment center for emotionally disturbed children (RTC). A residential organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth primarily under the age of 18. The program must be directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's and/or a doctorate degree.

SMHS. State Medicaid Household Sample. A component of the National Medical Care Utilization and Expenditure Survey.

Staff hour. A unit of 1 hour's work by one employee.

State and county mental hospital. A psychiatric hospital that is under the auspices of a State or county government, or operated jointly by both a State and county government.

Supplemental Security Income (SSI). A program of income support for low-income aged, blind, and disabled persons, which was established by Title XVI of the Social Security Act. Eligibility is based on income and resources.

Total charge. The charges for a health service reported by a respondent without consideration of the amount actually paid after reductions or the source of payment.

Trainee. A person in training, residents and interns included, regardless of the number of hours worked in a week in a particular setting.

Veterans Administration (VA) hospital. General medical/surgical hospitals that are operated by the VA and provide psychiatric services.

Appendix D

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